

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2005 8:00 am
Secretary of State

04-19-2005 90372 001 ***150.00

DOCUMENT # F04000007012					
1. Entity Name WEBTPA, INC.					
Principal Place of Business 8500 FREEPORT PKWY SOUTH STE 400 IRVING TX 75063			Mailing Address 8500 FREEPORT PKWY SOUTH STE 400 IRVING TX 75063		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 75-2493178	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)					
Signature, typed or printed name of registered agent and title if applicable					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE C NAME DIETRICH, ORLO L JR STREET ADDRESS 8500 FREEPORT PKWY SOUTH STE 400 CITY-ST-ZIP IRVING TX 75063	<input type="checkbox"/> Delete				
TITLE VCP NAME MCCABE, MICHAEL JAMES JR STREET ADDRESS 8500 FREEPORT PKWY SOUTH STE 400 CITY-ST-ZIP IRVING TX 75063	<input type="checkbox"/> Delete				
TITLE D NAME D'AMARO, RICHARD STREET ADDRESS 8500 FREEPORT PKWY SOUTH STE 400 CITY-ST-ZIP IRVING TX 75063	<input type="checkbox"/> Delete				
TITLE D NAME HAYS, JOE T STREET ADDRESS 8500 FREEPORT PKWY SOUTH STE 400 CITY-ST-ZIP IRVING TX 75063	<input type="checkbox"/> Delete				
TITLE D NAME DAVIS, BARRY M STREET ADDRESS 8500 FREEPORT PKWY SOUTH STE 400 CITY-ST-ZIP IRVING TX 75063	<input type="checkbox"/> Delete				
TITLE D NAME COX, THOMAS K STREET ADDRESS 8500 FREEPORT PKWY SOUTH STE 400 CITY-ST-ZIP IRVING TX 75063	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Joseph A. Pascullo STREET ADDRESS 8500 Freeport Pkwy South, Ste 400 CITY-ST-ZIP Irving, Texas 75063					
TITLE President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ Michael J. McCabe President 4/2/05 (409) 417-1700 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					