

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000004528

1. Entity Name
KEVIN LEE WEBB ENTERPRISES, INC.



Principal Place of Business
120 QUINTON COURT
SUITE 103
LEXINGTON, KY 40509

Mailing Address
120 QUINTON COURT
SUITE 103
LEXINGTON, KY 40509

FILED
Sep 09, 2008 08:00 AM
Secretary of State



09032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1267279
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALDWELL, THOMAS E
632 DUNLAWTON AVENUE
PORT ORANGE, FL 32127

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000959288
09/09/08-80004-021 550.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEBB, KEVIN L
STREET ADDRESS	3749 RIDGEVIEW WAY
CITY-ST-ZIP	LEXINGTON, KY 40509
TITLE	D
NAME	WEBB, LEEANNA L
STREET ADDRESS	3749 RIDGEVIEW WAY
CITY-ST-ZIP	LEXINGTON, KY 40509
TITLE	STD
NAME	MAJAKY, BILL
STREET ADDRESS	888 CLUB CIRCLE
CITY-ST-ZIP	DANIELS, WV 25832
TITLE	VD
NAME	ESENBOCK, BILL
STREET ADDRESS	708 EVEREST COURT
CITY-ST-ZIP	LEXINGTON, KY 40515
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Bill Majaky BILL MAJAKY STD

9-4-2008

859-576-4102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #