

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F38911

1. Entity Name
WEBBER, SCOLLON, PARIS AND ASSOCIATES, INC.



Principal Place of Business
**1580 SAWGRASS CORP. PKWY
SUITE 130
SUNRISE, FL 33323 US**

Mailing Address
**1580 SAWGRASS CORP. PKWY
SUITE 130
SUNRISE, FL 33323 US**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2135108

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEBBER, DANIEL J
10743 LISBON ST
COOPER CITY, FL 33026**

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 file if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVTD
WEBBER, DANIEL J.
10743 LISBON STREET
COOPER CITY, FL 33026**

TITLE
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CITY-ST-ZIP

1100000465045
03/22/06 80019-025 150.00

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: *Daniel J. Webber* **DANIEL J. WEBBER** 3/10/06 954-344-1667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #