

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F42727

FILED
Apr 02, 2009
Secretary of State

Entity Name: WEBB'S TRANSMISSION, INC.

Current Principal Place of Business:

307 RACETRACK ROAD NW
307 RACETRACK RD NW
FT. WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

307 RACETRACK ROAD NW
307 RACETRACK RD NW
FT. WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 59-2117800 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBB, JOSEPH H
307 RACETRACK RD NW
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WEBB, JOSEPH H,
Address: 123 BEACH DR
City-St-Zip: FT WALTON BEACH FL,

Title: STD () Delete
Name: WEBB, JOAN M,
Address: 123 BEACH DR
City-St-Zip: FT WALTON BEACH FL,

Title: VPD () Delete
Name: WEBB, J. B
Address: 213 COSTAKI CT NW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: STD () Delete
Name: WEBB, NICOLE C
Address: 213 COSTAKI CT NW
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE C WEBB

STD

04/02/2009

Electronic Signature of Signing Officer or Director

Date