


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F55447 1. Entity Name CHESTER WEBB & SONS AUTO PAINTING, INC.	
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Principal Place of Business C/O CHESTER WEBB 1010 N. NOVA ROAD DAYTONA BEACH, FL 32117 US	Mailing Address C/O CHESTER WEBB 1010 N. NOVA ROAD DAYTONA BEACH, FL 32117 US
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01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2045794	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WEBB (CHESTER) 1010 N. NOVA ROAD DAYTONA BEACH, FL 32017

**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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, CHESTER, SR. 1010 N. NOVA RD. DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBB (CHESTER), JR. 1010 N. NOVA RD. DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD DECATOR, RENEE 685 SANDERLING DR INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BEESLEY, JOY 4095 QUAIL NEST LANE NEW SMYRNA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEBB, JERRY 15TH ST HOLLY HILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WEBB, UDELL J. 1010 N. NOVA RD. DAYTONA BEACH, FL

U00000023461
02/02/04-80027-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #