

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F55447

1. Entity Name
CHESTER WEBB & SONS AUTO PAINTING, INC.



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**



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2045794

Applied For
Not Applicable

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

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, 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	D
NAME	WEBB, CHESTER, SR.
STREET ADDRESS	1010 N. NOVA RD.
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	P
NAME	WEBB (CHESTER), JR.
STREET ADDRESS	1010 N. NOVA RD.
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	SVD
NAME	DECATOR, RENEE
STREET ADDRESS	685 SANDERLING DR
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	AS
NAME	BEESLEY, JOY
STREET ADDRESS	4095 QUAIL NEST LANE
CITY-ST-ZIP	NEW SMYRNA BCH, FL
TITLE	VP
NAME	WEBB, JERRY
STREET ADDRESS	15TH ST
CITY-ST-ZIP	HOLLY HILL, FL
TITLE	AS
NAME	WEBB, UDELL J.
STREET ADDRESS	1010 N. NOVA RD.
CITY-ST-ZIP	DAYTONA BEACH, FL

1100000410499
02/09/06-80038-011 150.00

**DO NOT WRITE
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:

Chester Webb, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/06