

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F69414

1. Entity Name
R. WEBB, INC.



Principal Place of Business
55 NORTHEAST 6TH BLVD
WILLISTON, FL 32696 US

Mailing Address
P.O. BOX 820
WILLISTON, FL 32696 US

DO NOT WRITE IN THIS SPACE

**FILED
Apr 27, 2005 08:00 AM
Secretary of State**



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2191862	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WEBB RICHARD C.
1181 NW 152 CT
WILLISTON, FL 32696

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution,

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WEBB, RICHARD C
STREET ADDRESS 1181 NE 152 CT
CITY-ST-ZIP WILLISTON, FL

TITLE VD
NAME WEBB, CHARLES M.,JR.
STREET ADDRESS 6051 NE STATE RD 121
CITY-ST-ZIP WILLISTON, FL

TITLE STD
NAME WEBB, CHARLES M.,SR.
STREET ADDRESS 1195 NE 152 CT
CITY-ST-ZIP WILLISTON, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000335642
04/27/05-80095-004 150.00

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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: *Richard C. Webb (Pres.)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-26-05 352-528-6400
Date Daytime Phone #