

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # G92695**

1. Entity Name

WEBSTER WOODLANDS, INC.

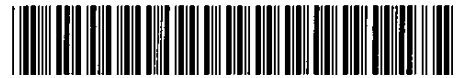


Principal Place of Business

769 JOHN RINGLING BLVD.  
SARASOTA FL 34236

Mailing Address

POST OFFICE BOX 552  
WEBSTER SPRINGS WV 26288  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

59-2386810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FERGESON, JAMES O., JR  
1390 MAIN 6TH FLOOR  
SARASOTA FL 34230

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete  
NAME: SWEENEY, EDWIN M  
STREET ADDRESS: TOWN HILL RD  
CITY-STATE-ZIP: WESTON WV

TITLE: SD ☐ Delete  
NAME: MOORE, JOYCE R  
STREET ADDRESS: 769 JOHN RINGLING BLVD  
CITY-STATE-ZIP: SARASOTA FL

TITLE: PD ☐ Delete  
NAME: MOORE, JANA C  
STREET ADDRESS: 1921 PRINCESS STREET  
CITY-STATE-ZIP: WILMINGTON NC

TITLE: D ☐ Delete  
NAME: TALBOTT, WILLIAM W  
STREET ADDRESS: 79 MOORELAND DR  
CITY-STATE-ZIP: WEBSTER SPRINGS WV 26288

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

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STREET ADDRESS:  
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CITY-STATE-ZIP:

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STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joyce R. Moore*  
*Joyce R. Moore, Secy. 3/23/07 (304) 847-5100*