

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90062 007 ***150.00

DOCUMENT # H35455 1. Entity Name WEBSTER COLOR SERVICE INC.					
Principal Place of Business 4130 SALISBURY RD 2600 JACKSONVILLE, FL 32216			Mailing Address 4130 SALISBURY RD 2600 JACKSONVILLE, FL 32216		
2. Principal Place of Business - No P.O. Box # 4940 EMERSON ST		3. Mailing Address 4940 EMERSON ST		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40048320</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 01172007 Chg-P CR2E034 (12/06) </div>	
Suite, Apt. #, etc. SUITE 101		Suite, Apt. #, etc. SUITE 101			
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL			
Zip 32207		Zip 32207			
Country DUVAL		Country DUVAL		4. FEI Number 59-2488275	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WEBSTER, RUBY 4251 N COASTAL HWY ST AUGUSTINE, FL 32095				7. Name and Address of New Registered Agent Name WEBSTER, RUBY Street Address (P.O. Box Number is Not Acceptable) 2880 CR 214 City SAINT AUGUSTINE, FL Zip Code 32084	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEBSTER, RUBY 4251 N COASTAL HWY ST.AUGUSTINE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEBSTER, RUBY 2880 CR 214 SAINT AUGUSTINE FL 32084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WEBSTER, NORMAN 2880 CR 214 SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Ruby C. Webster 3-19-07 904 306 0833 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					