


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H66806**  
 1. Entity Name  
**WEB AERONAUTICAL INC.**



Principal Place of Business <b>2400 WEST 84TH STREET          SUITE 20          HIALEAH, FL 33016 US</b>	Mailing Address <b>2400 WEST 84TH STREET          SUITE 20          HIALEAH, FL 33016 US</b>
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**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2730403</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BIVENS, WILLIAM E.  
 14520 MUSTANG TRAIL  
 FT. LAUDERDALE, FL 33330**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PCT BIVENS, WILLIAM E. 14520 MUSTANG TRAIL FT LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIVENS, RYAN M. 14520 MUSTANG TRIAL FT LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIVENS, AMANDA J. 14520 MUSTANG TRAIL FT LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIVENS, BARBARA A 14520 MUSTANG TRAIL FORT LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/11/05-80013-023 150.00

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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 and 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:  **04/06/2005 805-811-3209**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #