

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # H95074

1. Entity Name  
ZOE L. WEBB, P.A.



Principal Place of Business

1595 TWILIGHT WAY  
MARCO ISLAND, FL 34145 US

Mailing Address

1595 TWILIGHT WAY  
MARCO ISLAND, FL 34145 US



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2649149

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

WEBB, ZOE L PA  
1595 TWILIGHT WAY  
MARCO ISLAND, FL 34145

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U000000088089  
03/15/04-80037-025 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WEBB, ZOE L.  
STREET ADDRESS 1595 TWILIGHT WAY  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE  
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CITY-ST-ZIP

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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)(f), 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:

Zoe L. Webb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/04

Date

239-394-2405

Daytime Phone #