


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # J81137 1. Entity Name WEBE SUBS, INC.	
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Principal Place of Business % THOMAS R. CLASEN 10049 E ADAMO DR TAMPA, FL 33619 US	Mailing Address % THOMAS R. CLASEN 2604 W WATERS AVE TAMPA, FL 33614 US
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DO NOT WRITE IN THIS SPACE



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2817234	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 CLASEN, THOMAS R. % C.M.S. INC. 2604 W WATERS AVE TAMPA, FL 33614

**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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	DP CLASEN, THOMAS R. 5920 HARVEY TEW RD. PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST CLASEN, LINDA R. 19702 LAKE OSCEOLA LANE ODESSA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(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: [Signature] 4-11-05 813-931-4397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #