2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007
Secretary of State

DOCUMENT# J81137

Entity Name: WEBE SUBS, INC.

Current Principal Place of Business:

% THOMAS R. CLASEN
10049 E ADAMO DR
TAMPA, FL 33619 US

New Principal Place of Business:

% 10049 E. ADAMO DR.
TAMPA, FL 33619 US

Current Mailing Address:

% THOMAS R. CLASEN
2604 W WATERS AVE
TAMPA, FL 33614 US

New Mailing Address:

% THOMAS R. CLASEN
5920 HARVEY TEW RD.
PLANT CITY, FL 33565 US

FEI Number: 59-2817234 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLASEN, THOMAS R.
% C.M.S. INC.
2604 W WATERS AVE
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

CLASEN, THOMAS R MR
5920 HARVEY TEW RD.
PLANT CITY, FL 33565 US

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.

SIGNATURE: THOMAS R. CLASEN 08/16/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CLASEN, THOMAS R.,
Address: 5920 HARVEY TEW RD.
City-St-Zip: PLANT CITY, FL 33565

Title: DST ( ) Delete
Name: CLASEN, LINDA R.,
Address: 19702 LAKE OSCEOLA LANE
City-St-Zip: ODESSA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R. CLASEN DP 08/16/2007
Electronic Signature of Signing Officer or Director Date