

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90066 045 ***150.00

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DOCUMENT # L76930 1. Entity Name SHARON WEBB, P.A.					
Principal Place of Business 5896 CHUMUCKLA HWY PACE, FL 32571 US			Mailing Address 5896 CHUMUCKLA HWY PACE, FL 32571 US		
2. Principal Place of Business 732 ARD Field Rd Suite, Apt. #, etc.		3. Mailing Address 732 ARD Field Rd Suite, Apt. #, etc.		02022005 Chg-P CR2E034 (10/03)	
City & State JAY FL		City & State JAY FL			
Zip 32565		Zip 32565			
Country Santa Rosa		Country Santa Rosa		4. FEI Number 59-3017365	
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 WEBB, SHARON W. 5896 CHUMUCKLA WAY PACE, FL 32571				7. Name and Address of New Registered Agent Name Webb, Sharon W. Street Address (P.O. Box Number is Not Acceptable) 732 ARD Field Rd City JAY State FL Zip Code 32565	
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 <u><i>Sharon W Webb</i></u> DATE <u>4-5-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DP WEBB, SHARON W. 5896 CHUMUCKLA HWY PACE, FL 32571	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Webb, Sharon W. 732 ARD Field Rd JAY FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBB, RONALD W 5896 CHUMUCKLA HWY PACE, FL 32571	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Webb, Ronald W 732 ARD Field Rd JAY FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: <u><i>Sharon W Webb</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-5-05</u> Daytime Phone # <u>936 5380</u>		