


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


DOCUMENT # M75633		
1. Entity Name RON WEBB AGENCY, INCORPORATED		

Principal Place of Business 308 S. MOSS RD. WINTER SPRINGS, FL 32708 US	Mailing Address 308 S. MOSS RD. WINTER SPRINGS, FL 32708 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

FILED
04 OCT -8 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09212004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2887232	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEBB, RONALD W. 308 MOSS ROAD WINTER SPRINGS, FL 32708	
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7. Name and Address of New Registered Agent Name: <u>Linda H. Webb</u> Street Address (P.O. Box Number is Not Acceptable): <u>308 S. Moss Rd</u> City: <u>Winter Springs</u> FL Zip Code: <u>32708</u>	
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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: <u>Linda H. Webb</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE: <u>10/5/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WEBB, RONALD W. 308 MOSS RD. WINTER SPRINGS, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Linda H Webb 308 S. Moss Rd Winter Springs FL 32708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WEBB, LINDA H. 308 MOSS RD. WINTER SPRINGS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000041731910 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/08/04--01010--005 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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>Linda H. Webb</u> <small>*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>10/5/04</u> <small>Daytime Phone #</small>