## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2006 8:00 am Secretary of State DOCUMENT # P00000002314 05-02-2006 90181 001 \*\*\*150.00 WEBB'S .99 SUPERSTORE OF SPRING HILL, INC. Principal Place of Business Mailing Address 400 Lones 2005 BROAD STREET P.O. BOX 15569 BROOKSVILLE, FL 34609 BROOKSVILLE, FL 34604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 59-3618074 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEBB, MARY E Street Address (P.O. Box Number is Not Acceptable) 2607 US HWY 19 HOLIDAY, FL 34691 City Zip Code 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** TITLE ☐ Delete TITLE ☐ Change ☐ Addition WEBB, MARY E NAME NAME STREET ADDRESS P.O. BOX 15569 STREET ADDRESS CITY-ST-7P BROOKSVILLE, FL 34609 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP TITLE TILE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the reporter 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 dn an attact finitent with an address, with all other like propowered. SIGNATURE: CH PRINTED NAME Daytime Phone #

**FILED**