## 2007 FOR PROFIT CORPORATION

## ANNUAL REPORT **FILED** Apr 30, 2007 08:00 All Secretary of State **DOCUMENT # P00000002314** Entity Name WEBB'S .99 SUPERSTORE OF SPRING HILL, INC. man a complishing for Principal Place of Business Mailing Address 1000 2005 BROAD STREET P.O. BOX 15569 BROOKSVILLE, FL 34609 BROOKSVILLE, FL 34604 04222007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3618074 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEBB, MARY E DO NOT WRITE 2607 US HWY 19 HOLIDAY, FL 34691 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 Signature, typed or printed name of registered agent and title # applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PVST** TITLE WEBB, MARY E NAME STREET ADDRESS P.O. BOX 15569 CITY-ST-ZIP **BROOKSVILLE, FL 34609** U00000741490 05/15/07-80030-019 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

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 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 withtan address. With all other like empowered.

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NAME STREET ADDRESS CITY-ST-ZIP