
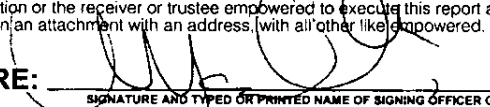


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90201 005 ***150.00

DOCUMENT # P00000002314 1. Entity Name WEBB'S :99 SUPERSTORE OF SPRING HILL, INC.					
Principal Place of Business 2005 BROAD STREET BROOKSVILLE, FL 34609			Mailing Address P.O. BOX 15569 BROOKSVILLE, FL 34604		
2. Principal Place of Business - No P.O. Box # 7391 Spring Hill Dr. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Spring Hill, FL Zip 34606		City & State Zip		Country	
4. FEI Number 59-3618074				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, MARY E 2607 US HWY 19 HOLIDAY, FL 34691			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PVST WEBB, MARY E P.O. BOX 15569 BROOKSVILLE, FL 34609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	} Same 2607 US Hwy 19 Holiday, FL 34691
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
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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 with an address, with all other like empowered.					
SIGNATURE: 			President		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/29/08 Daytime Phone # 934 0971		