


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000011998**

1. Entity Name  
WEB-CON HOME IMPROVEMENTS, INC.



Principal Place of Business 1093 A1A BEACH BLVD. PMB 453 ST AUGUSTINE, FL 32080	Mailing Address 1093 A1A BEACH BLVD. PMB 453 ST AUGUSTINE, FL 32080-6733
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**DO NOT WRITE IN THIS SPACE**



03042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3630691	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WEBER, MICHAEL T  
4992 CYPRESS LINKS BLVD  
ELKTON, FL 32033

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

DATE: 04/15/08-80070-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBER, MICHAEL T 4992 CYPRESS LINKS BLVD ELKTON, FL 32033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEBER, CATHERINE M 4992 CYPRESS LINKS BLVD ELKTON, FL 32033
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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: *Michael T. Weber* Michael T. Weber  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #