


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000082871</b>	
1. Entity Name <b>WEB FX GROUP, INC.</b>	

Principal Place of Business <b>9308 COVE POINT CIR BOYNTON BEACH, FL 33437</b>	Mailing Address <b>9308 COVE POINT CIR BOYNTON BEACH, FL 33437</b>
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**DO NOT WRITE IN THIS SPACE**



02222005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1033727</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BARTLETT, CARY  
9308 COVE POINT CIRCLE  
BOYNTON BEACH, FL 33437**

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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) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	NAME <b>BARTLETT, CARY</b>
STREET ADDRESS <b>9308 COVE POINT CIR</b>	CITY-ST-ZIP <b>BOYNTON BEACH, FL 33437</b>
TITLE <b>VP</b>	NAME <b>BARTLETT, SUSAN</b>
STREET ADDRESS <b>9308 COVE POINT CIR</b>	CITY-ST-ZIP <b>BOYNTON BEACH, FL 33437</b>
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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IN THIS SPACE**

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03/04/05-80061-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Cary Bartlett **2-24-05** **561-716-3397**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR - Date Daytime Phone #