2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 06, 2007 8:00 am Secretary of State DOCUMENT # P01000099092 04-06-2007 90026 029 ***150.00 FITZWEBB #10933, INC. Principal Place of Business Mailing Address 40051520 15530 US HIGHWAY 441 POST OFFICE BOX 2197 ALACHUA, FL 32616 **SUITE 10020** ALACHUA, FL 32616 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3401858 Not Applicable Country Zip Country Zip \$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, BILL E Street Address (P.O. Box Number is Not Acceptable) 5128 NW 76 LANE GAINESVILLE, FL 32653 Zip Code for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this staten the obligations of registered agent SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete Change ☐ Addition WEBB, BILL E NAME NAME STREET ADDRESS 5128 NW 76 LANE STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32653 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this fill indicated on this report or supplemental report is true a of the corporation or the receiver or trustee employed. does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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 of the an addre

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