

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000085083

FILED  
Jan 28, 2005  
Secretary of State

Entity Name: CATHARINE WEBB & ASSOCIATES, INC.

## Current Principal Place of Business:

101 STONE POST RD.  
LONGWOOD, FL 32779

## New Principal Place of Business:

15307 HARBOR DRIVE  
MADEIRA BEACH, FL 33708

## Current Mailing Address:

101 STONE POST RD.  
LONGWOOD, FL 32779

## New Mailing Address:

15307 HARBOR DRIVE  
MADEIRA BEACH, FL 33708

FEI Number: 14-1840882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEBB, CATHARINE L  
101 STONE POST RD.  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

WEBB, CATHARINE L  
15307 HARBOR DRIVE  
MADEIRA BEACH, FL 33708 US

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.

SIGNATURE:

01/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WEBB, CATHARINE L  
Address: 101 STONE POST RD  
City-St-Zip: LONGWOOD, FL 32779

Title: T ( ) Delete  
Name: WEBB, CHARLES F  
Address: 101 STONE POST RD  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WEBB, CATHARINE L  
Address: 15307 HARBOR DRIVE  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: T (X) Change ( ) Addition  
Name: WEBB, CHARLES F  
Address: 15307 HARBOR DRIVE  
City-St-Zip: MADEIRA BEACH, FL 33708

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES F. WEBB

T

01/28/2005

Electronic Signature of Signing Officer or Director

Date