

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041735

Entity Name: WEB4INSURANCE INC.

FILED
Jul 06, 2005
Secretary of State

Current Principal Place of Business:

2202 N. WESTSHORE BLVD. STE:200
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2202 N. WESTSHORE BLVD. STE:200
TAMPA, FL 33607

New Mailing Address:

FEI Number: 86-1066582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOVACEK, CHRISTIAN
9607 DUNSCROFT LN
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: FARLEY, EDWARD
Address: 4950 PARSONS BROWN LANE
City-St-Zip: PALM HARBOR, FL 34684

Title: VSD () Delete
Name: NOVACEK, CHRISTIAN
Address: 9607 DUNSCROFT LANE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTIAN NOVACEK

VSD

07/06/2005

Electronic Signature of Signing Officer or Director

Date