


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90130 022 \*\*\*150.00

<b>DOCUMENT # P03000041735</b> 1. Entity Name WEB4INSURANCE INC.	
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Principal Place of Business 2202 N. WESTSHORE BLVD. STE:200 TAMPA, FL 33607	Mailing Address 2202 N. WESTSHORE BLVD. STE:200 TAMPA, FL 33607
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**DO NOT WRITE IN THIS SPACE**



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number 86-1066582	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent NOVACEK, CHRISTIAN 9607 DUNSCROFT LN TAMPA, FL 33626 <i>12850 Daerby Ridge Dr. Tampa FL 33624</i>
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**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: *C. Novacek* *2/28/06*  
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FARLEY, EDWARD 4950 PARSONS BROWN LANE PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD NOVACEK, CHRISTIAN 9607 DUNSCROFT LANE TAMPA, FL 33626
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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: *C. Novacek* *2/28/06* *(813) 766-9729*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #