

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

05 AUG 12 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000046547

1. Entity Name
CONSOLIDATED WEBMASTER CORPORATION



Principal Place of Business
POST OFFICE BOX 123
INVERNESS, FL 34451

Mailing Address
POST OFFICE BOX 123
INVERNESS, FL 34451

2. Principal Place of Business
3814 E GULF LAKE HWY
Suite, Apt. #, etc.

3. Mailing Address
3814 E GULF LAKE HWY
Suite, Apt. #, etc.

City & State
INVERNESS, FL
Zip 34453 Country USA

City & State
INVERNESS, FL
Zip 34453 Country USA

08102005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0010577
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCARPA, JOHN M
PO BOX 123
INVERNESS, FL 34451

7. Name and Address of New Registered Agent

Name JOHN M SCARPA
Street Address (P.O. Box Number is Not Acceptable)
1801 TEASDALE ST
City INVERNESS FL Zip Code 34450

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SCARPA, JOHN
STREET ADDRESS PO BOX 123
CITY-ST-ZIP INVERNESS, FL 34451 ☐ Delete

TITLE O
NAME NEANDER, JR, JOHN
STREET ADDRESS PO BOX 123
CITY-ST-ZIP INVERNESS, FL 34451 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200058879382
08/23/05--01020--010 **70.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
K. Ecker AUG 15 2005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

JOHN SCARPA, DIRECTOR

8/10/05

352-344-5618

DATE

DAYTIME PHONE