

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90121 032 \*\*\*150.00

DOCUMENT # P03000107742

1. Entity Name

JOHN WEBB CONSTRUCTION, INC.



Principal Place of Business

48 DUNNAWAY LANE  
APALACHICOLA FL 32320

Mailing Address

PO BOX 513  
APALACHICOLA FL 32329

2. Principal Place of Business

48 Dunaway Ln  
Suite, Apt. #, etc.  
Apalachicola FL  
City & State  
B

3. Mailing Address

PO Box 513  
Suite, Apt. #, etc.  
Apalachicola FL  
City & State



1st MOORE

CR2E034 (10/04)

4. FEI Number

33-1080084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip 32320 Country Franklin

Zip 32329 Country Franklin

6. Name and Address of Current Registered Agent

WEBB, JOHN  
48 DUNNAWAY LANE  
APALACHICOLA FL 32320

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WEBB, JOHN	
STREET ADDRESS	48 DUNNAWAY LANE	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KENNEDY, THOMAS	
STREET ADDRESS	48 DUNNAWAY LANE	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Webb*

John Webb

Date

Daytime Phone #

4-9-05 850-653-904