

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 09, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90747 025 \*\*\*150.00

<b>DOCUMENT # P03000143827</b>					
1. Entity Name <b>HEIDI WEBBER, L.M.T., P.A.</b>					
Principal Place of Business <b>1237 S ORANGE AVE SARASOTA FL 34239</b>			Mailing Address <b>1237 S ORANGE AVE SARASOTA FL 34239</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>69-3773285</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WEBBER, HEIDI ANN 1237 S ORANGE AVE SARASOTA FL 34239</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <u>Heidi Ann Webber</u> <u>Heidi Ann Webber</u> <u>May 1, 2004</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WEBBER, HEIDI ANN 1237 S ORANGE AVE SARASOTA FL 34239</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Heidi Ann Webber</u> <u>Heidi Ann Webber</u> <u>May 1, 2004</u> <u>9413659644</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					

**66427424**



MOORE CR2E034 (11/03)