

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90048 019 ***150.00

40007531



01252005 Chg-P CR2E034 (10/03)

4. FEI Number **16-1692189** Applied For
Not Applicable

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

DOCUMENT # P04000032979

1. Entity Name
MARGARET L. WEBSTER INC.



Principal Place of Business
**5542 LIGUSTRUM LOOP
OVIEDO, FL 32765**

Mailing Address
**5542 LIGUSTRUM LOOP
OVIEDO, FL 32765**

2. Principal Place of Business
**5542 Ligustrum Loop
Suite, Apt. #, etc. Oviedo Florida
City & State 32765 USA
Zip Country**

3. Mailing Address
**5542 Ligustrum Loop
Suite, Apt. #, etc. Oviedo Florida
City & State 32765 USA
Zip Country**

6. Name and Address of Current Registered Agent
**WEBSTER, MARGARET L
5542 LIGUSTRUM LOOP
OVIEDO, FL 32765**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBSTER, MARGARET L 5542 LIGUSTRUM LOOP OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Webster Margaret L 5542 Ligustrum Loop Oviedo, FL 32765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Margaret L Webster** **1/25/05 407365244**
Director Date Daytime Phone #