## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-21P

## FILED Jan 22, 2007 08:00 AM DOCUMENT # P04000032979 **Secretary of State** MARGARET L. WEBSTER INC. Principal Place of Business Mailing Address 5542 LIGUSTRUM LOOP 5542 LIGUSTRUM LOOP OVIEDO, FL 32765 OVIEDO, FL 32765 01182007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1692189 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEBSTER, MARGARET L DO NOT WRITE 5542 LIGUSTRUM LOOP OVIEDO, FL 32765 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 agen SIGNATURE. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 13 \$150.00 U00000594213 /22/07-80061-014\_150\_00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE WEBSTER, MARGARET L NAME STREET ADDRESS 5542 LIGUSTRUM LOOP CITY-ST-ZIP OVIEDO, FL 32765 TIŤLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TIME STREET ADDRESS CITY-SY-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

OR DIRECTOR