


10PZ

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-09-2005 90072 001 ---150.00  
02-09-2005 90072 002 \*\*\*\*\*8.75  
P04000090189

<b>DOCUMENT # P04000090189</b> 1. Entity Name <b>K. WEBB POOLS, INC.</b>	
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Principal Place of Business <b>18 RIDGE BLVD. DELAND FL 32724</b>	Mailing Address <b>18 RIDGE BLVD. DELAND FL 32724</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05 SEP -6 11:34:7

66001442



1st MOORE CR2E034 (10/04)

4. FEI Number <b>20-1226054</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BUTCHER, AMBER D 18 RIDGE BLVD. DELAND FL 32724</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTCHER, AMBER D 18 RIDGE BLVD. DELAND FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEBB, KURTIS C 18 RIDGE BLVD. DELAND FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <i>Amber D. Butcher</i> <b>Amber D. Butcher</b> <b>03105</b> <b>804-7517</b>	Date	Daytime Phone #
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# K. WEBB POOLS, INC.

WE WILL STEELE WHAT YOU WILL NOT

July 20, 2005

To whom it may concern,

This letter is to inform the Division of Corporations about my current Annual Report. I received a post card a few weeks ago, which was a notice of intent to dissolve. I was unable to speak to the correct department, but was able to get help. Apparently, my annual report was missing the FEIN# 20-1226054. I paid my filing fees and extra for a certified copy. The woman whom I spoke with asked me if I received a letter concerning this matter. I did not; if I would have this would have been taking care of immediately. Please except my FEIN and withdraw the intent to dissolve. If you need copies of my returned checks or any further questions, please contact me at 386.804.7517. Thank you for you time and consideration for this circumstance.

Sincerely,



Amber D. Butcher  
President