

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90174 019 \*\*\*150.00

<b>DOCUMENT # P04000131178</b> 1. Entity Name <b>WEBB'S FENCING &amp; REPAIRS, INC.</b>					
Principal Place of Business <b>4174 INVERRARY DRIVE SUITE 912 LAUDERHILL, FL 33319</b>			Mailing Address <b>4174 INVERRARY DRIVE SUITE 912 LAUDERHILL, FL 33319</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>SMITH, BARBARA E 2220 EVANS ST. HOLLYWOOD, FL 33020</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
10. OFFICERS AND DIRECTORS <div style="display: flex;"> <div style="flex: 1;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </div> <div style="flex: 1;"> <input type="checkbox"/> Delete         </div> </div>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <div style="display: flex;"> <div style="flex: 1;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </div> <div style="flex: 1;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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.					
<b>SIGNATURE:</b> <b>02/23/05 954-485-5625</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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02232005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1662578** Applied For Not Applicable

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