## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P05000000825 07-07-2006 90001 045 \*\*\*150.00 WEBB'S CUSTOM TRIM, INC Principal Place of Business Mailing Address 455 E WALDO STREET **455 E WALDO STREET** 50021102 GROVELAND, FL 34736 GROVELAND, FL 34736 2. Principal Place of Business Mailing Address 'assada 716 Coss 16 ( Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 07052006 Chg-P 4. 氏I Number 30-028982 Applied For City & State alco Not Applicable ake Couptry \$8.75 Additional 5. Certificate of Status Desired Fee Required Voulsia 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Gilda WEBB, GILDA Q (P.O. Box Number is Not Acceptable) **455 E WALDO STREET** GROVELAND, FL. 34736 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 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. 12 Change ☐ Addition TITLE ☐ Delete TITLE Webb, Gilda 9. WEBB, GILDA Q NAME NAME 455 E WALDO STREET STREET ADDRESS The Cassadag STREET ADDRESS CITY-ST-ZIP GROVELAND, FL 34736 CITY-ST-ZIP 元 327 44 DΡ TITLE T9 Change ☐ Addition ☐ Detete TITLE Webb, Billy V. The Cassadaga Rd WEBB, BILLY V NAME NAME **455 E WALDO STREET** STREET ADDRESS STREET ADDRESS CFTY-ST-ZIP GROVELAND, FL 34736 Lake Helen, Fr 32744 CITY-S1-ZIP (14 Change ☐ Addition ☐ Delete TITLE me Webb, Grig M 716 Cassadaga Lake Helen, 7 WEBB, GREG M NAME 940 MAYTOWN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OSTEEN, FL 34711 CITY-ST-7IP TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Addition Change Delete TELLE **OTLE** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 12. I hereby certify that the information supplied with this filing 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. SIGNATURE:

G OFFICER OR DIRECTOR

FILED

Jul 07, 2006 8:00 am