2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000000825

1. Entity Name
WEBB'S CUSTOM TRIM, INC

Principal Place of Business	Mailing Address
716 CASSADAGA RD LAKE HELEN, FL 32744	716 CASSADAGA RD LAKE HELEN, FL 32744

DO NOT WRITE IN THIS SPACE

01052007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
30-0289827	Not Applicable

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

6. Name and Address of Current Registered Agent

WEBB, GILDA Q
716 CASSADAGA RD
LAKE HELEN, FL 32744

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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 _____   DATE
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	DST
NAME	WEBB, GILDA Q
STREET ADDRESS	716 CASSADAGA RD
CITY-ST-ZIP	LAKE HELEN, FL 32744

TITLE	DP
NAME	WEBB, BILLY V
STREET ADDRESS	716 CASSADAGA RD
CITY-ST-ZIP	LAKE HELEN, FL 32744

TITLE	V
NAME	WEBB, GREG M
STREET ADDRESS	716 CASSADAGA RD
CITY-ST-ZIP	LAKE HELEN, FL 32744

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/15/07-80061-015 150.00

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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: _Gilda Webb_   Gilda Webb - Secretary   4-20-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #