

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90021 007 \*\*\*150.00

<b>DOCUMENT # P05000060982</b> 1. Entity Name <b>WEBSTER OAKS, INC.</b>																													
Principal Place of Business <b>P.O. BOX 73</b> <b>WEBSTER FL 33597</b> <b>US</b>			Mailing Address <b>P.O. BOX 491</b> <b>SAN ANTONIO FL 33576</b> <b>US</b>																										
2. Principal Place of Business - No P.O. Box # <b>6968 CR 471</b>		3. Mailing Address Suite, Apt. #, etc.																											
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City & State <b>Webster FL 33597</b>		City & State		4. FEI Number <b>01-0834587</b>																									
Zip <b>33597</b>		Country <b>United States</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>HUTCHESON, TRAVIS D</b> <b>6869 CR 471</b> <b>WEBSTER FL 33597</b>			7. Name and Address of New Registered Agent Name <b>Eric D. Hutcherson</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																										
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 <b>Daniel K. Hutcherson</b> <b>Travis D. Hutcherson</b> <b>Eric D. Hutcherson</b> <b>2/6/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when nominating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PRES</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HUTCHESON, DANIEL R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 491</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAN ANTONIO FL 33576</td> <td></td> </tr> </table>			TITLE	PRES	<input type="checkbox"/> Delete	NAME	HUTCHESON, DANIEL R		STREET ADDRESS	P.O. BOX 491		CITY-ST-ZIP	SAN ANTONIO FL 33576		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 exemptions contained in Section 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: <b>Daniel K. Hutcherson</b> <b>Daniel K. Hutcherson</b> <b>2/6/08</b> <b>352-279-1306</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													