

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-14-2008 90084 018 \*\*\*158.75

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01092008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P05000113030</b> 1. Entity Name <b>J.D. WEBER CONSTRUCTION CO.</b>					
Principal Place of Business <b>1029 SOUTH NOVA RD— SUITE E ORMOND BEACH, FL 32174</b>			Mailing Address <b>PO BOX 730386 ORMOND BEACH, FL 32173-0386</b>		
2. Principal Place of Business - No P.O. Box # <b>1444 N. US1</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>ORMOND BEACH, FLA.</b>		City & State		4. FEI Number <b>54-2180252</b>	
Zip <b>32174</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WEBER, JOSEPH D 23 LAUREL RIDGE BREAK ORMOND BCH, FL 32174</b>			7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEBER, JOSEPH G 23 LAUREL RIDGE BREAK ORMOND BCH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEBER, JOSEPH D 209 CHEROKEE RD. ORMOND BCH, FL 32174	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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 other attachment with an address, with all other like empowered			SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date: <b>1-9-08</b>			Debit Phone #: <b>(386) 671-2727</b>		