


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000122773 1. Entity Name JOE WEBB TRUCKING INC	
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Principal Place of Business 6138 RAY PHILLIPS RD MACCLENNY, FL 32063 US	Mailing Address 6138 RAY PHILLIPS RD MACCLENNY, FL 32063 US
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02102007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3519136	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEBB, JUDITH
 6138 RAY PHILLIPS RD
 MACCLENNY, FL 32063

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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 NAME STREET ADDRESS CITY-ST-ZIP	P WEBB, JOSEPH 6138 RAY PHILLIPS RD MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC WEBB, JUDITH 6138 RAY PHILLIPS RD MACCLENNY, FL 32063
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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: Judith J. Webb Judith J Webb Sec. 2-14-07 9042593583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #