2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 08:00 A
Secretary of State

ARNOAL REPORT			
DOCUMENT # P050 1. Entity Name JOE WEBB TRUCKING INC			
Principal Place of Business 6138 RAY PHILLIPS RD , MACCLENNY, FL 32063 US	Mailing Address 6138 RAY PHILLIPS RD MACCLENNY, FL 32063	US	

02162008 Applied For 20-3519136 Not Applicable 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WEBB, JUDITH DO NOT WRITE 6138 RAY PHILLIPS RD MACCLENNY, FL 32063 IN THIS SPACE 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME. WEBB, JOSEPH 6138 RAY PHILLIPS RD STREET ADDRESS CITY-ST-ZIP MACCLENNEY, FL 32063 SEC TITLE WEBB, JUDITH 6138 RAY PHILLIPS RD STREET ADDRESS MACCLENNY, FL 32063 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-08

(904) 259 3583



Daytime Phone #