

2007 FOR PROFIT CORPORATION -- AMENDED ANNUAL REPORT

FILED

07 JUL 18 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000166827

1. Entity Name
WEBBSTERS, INC.



Principal Place of Business
3313 NE 33 STREET
FT. LAUDERDALE, FL 33308

Mailing Address
3313 NE 33 STREET
FT. LAUDERDALE, FL 33308

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07172007

Chg-P

CR2E034 (12/06)

4. FEI Number

56-2548444

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'REILLY, KEVIN
3750 GALT OCEAN DR., STE. 1802
FT. LAUDERDALE, FL 33308

Name PAUL WEBB

Street Address (P.O. Box Number is Not Acceptable)

3750 GALT OCEAN DRIVE #1802

City FORT LAUDERDALE FL

Zip Code 33308

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 X

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

X 7-17-07

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPTS
NAME O'REILLY, KEVIN
STREET ADDRESS 3750 GALT OCEAN DR., STE. 1802
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

☒ Delete

TITLE DPTS
NAME PAUL WEBB
STREET ADDRESS 3750 GALT OCEAN DRIVE, APT. #1802
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

☐ Change

☒ Addition

TITLE
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CITY-ST-ZIP

☐ Change

☐ Addition

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 another like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PAUL WEBB, PRESIDENT

X 7-17-07

954 568 7676