




2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90022 018 ***150.00

DOCUMENT # P05000168294																																																																																																																																																											
1. Entity Name WEBEUS, INC.																																																																																																																																																											
Principal Place of Business 222 S 3RD STREET FERNANDINA BEACH, FL 32034			Mailing Address 222 S 3RD STREET FERNANDINA BEACH, FL 32034																																																																																																																																																								
2. Principal Place of Business - No P.O. Box # 897 AMELIA DR.		3. Mailing Address 897 AMELIA DR.																																																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																									
City & State FERNANDINA BCH FL		City & State FERNAND. BCH, FL		4. FEI Number 59-3829808																																																																																																																																																							
Zip 32034		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent COCKRAN, MARK ALLEN 222 S 3RD STREET FERNANDINA BEACH, FL 32034			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 897 AMELIA DR. City FERNANDINA BCH FL Zip Code 32034																																																																																																																																																								
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: 3/11/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">D COLUCCI, ANTHONY JR. 2047 BRIDAL ROAD FERNANDINA BEACH, FL 32034</td> <td style="width: 10%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"></td> <td style="width: 10%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> 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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: 			3/11/08 904 556 9033 <small>Date Daytime Phone #</small>																																																																																																																																																								
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