2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000066354

Entity Name: WEBCO5. INC.

FILED Feb 25, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
1530 EUDO MT DORA	ORA RD , FL 32757					
Current Mailing Address:			New Mailing Address:			
1530 EUDO MT DORA	ORA RD , FL 32757					
FEI Number:	20-4870009	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:		
1203 GOV SUITE 101	ERNOR'S SC	CORPORATED QUARE BLVD 3012960 US				
	named entity e of Florida.	submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,		
SIGNATUF	RE:					
	Electro	onic Signature of Registered Age	nt	Date		
Election Car	npaign Financi	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (WEBSTER, D 14317 GOLDI GRAND ISLAN	EN VIEW DR	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	WEBSTER, N 14317 GOLDI		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP (WEBSTER, M 2560 EASTLA MT DORA, FL	ND RD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	S (WEBSTER, D 4100 POINSE MT DORA, FL	TTA AVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	T (PATTON, JAM 755 BRIARCE ORANGE CIT	EST DR	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE:	DEBBIE WEBSTER	D	02/25/2007	