

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90142 018 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                             |                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P06000092407</b><br>1. Entity Name<br><b>WEBB MORTGAGE DIRECT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                             |                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                       |  |
| Principal Place of Business<br><b>1995 SURFSIDE TERRACE<br/>VERO BEACH, FL 32963</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                             |                                                                                                                       | Mailing Address<br><b>1995 SURFSIDE TERRACE<br/>VERO BEACH, FL 32963</b>                                                                                                                                                  |                                                                                                                                                                                                                                       |  |
| 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                                                                                                                                                                                                                   | 4. FEL Number<br><div style="font-size: 1.2em; font-family: cursive;">35-22735 46</div>                                                                                                                                               |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                                                                                                       |                                                                                                                                                                                                                           | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WEBB, ANDREA<br/>1995 SURFSIDE TERRACE<br/>VERO BEACH, FL 32963</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             |                                                                                                                       |                                                                                                                                                                                                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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.<br><br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                                                 |                                                                                                             |                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                       |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                             |                                                                                                                       | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN **</b>                                                                                                                                                              |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | D<br><b>WEBB, ANDREA<br/>1995 SURFSIDE TERRACE<br/>VERO BEACH, FL 32963</b> <input type="checkbox"/> Delete |                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                                             |                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                                             |                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                                             |                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                                             |                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                                             |                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered |                                                                                                             |                                                                                                                       |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                       |  |
| <b>SIGNATURE:</b> <i>Andrea Webb</i> <b>Andrea Webb, Pres.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             |                                                                                                                       | <div style="display: flex; align-items: center;"> <div style="font-size: 1.2em; font-family: cursive; margin-right: 10px;">3-26-07</div> <div> <b>(772) 234-0918</b><br/> <small>Date Daytime Phone</small> </div> </div> |                                                                                                                                                                                                                                       |  |