


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90052 042 \*\*\*150.00

<b>DOCUMENT # P06000117594</b> 1. Entity Name <b>WEBB'S DISCOUNTS INC</b>			
Principal Place of Business <b>7193 SPRING HILL DRIVE</b> <b>SPRING HILL, FL 34606 US</b>		Mailing Address <b>7193 SPRING HILL DRIVE</b> <b>SPRING HILL, FL 34606 US</b>	
2. Principal Place of Business - No P.O. Box # <b>7391 Spring Hill Dr</b> Suite, Apt. #, etc. <b>Spring Hill FL</b> City & State <b>FL</b> Zip <b>34606</b>		3. Mailing Address <b>7391 Spring Hill Dr</b> Suite, Apt. #, etc. <b>Spring Hill, FL</b> City & State <b>Spring Hill, FL</b> Zip <b>34606</b>	
4. FEI Number <b>20-5547792</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WEBB, R. TODD</b> <b>7193 SPRING HILL DRIVE</b> <b>SPRING HILL, FL 34606</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VP <b>WEBB, R. TODD</b> <b>7193 SPRING HILL DRIVE</b> <b>SPRING HILL, FL 34606</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D <b>WEBB, R. TODD</b> <b>7193 SPRING HILL DRIVE</b> <b>SPRING HILL, FL 34606</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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> <u>RTM</u>		<u>R Todd Webb</u> <u>3-2-08</u> <u>352-585-0405</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	