2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31895

EPORT FILED

Mar 26, 2009

Secretary of State

Entity Name: WEBSTER INDUSTRIES, INC.

	illicipal riace	of Business:	New Principal Place	of Business:	
	STREET H 448831471 L	JS			
current Mailing Address:			New Mailing Addres	New Mailing Address:	
	STREET H 448831471 L	JS			
El Number	: 34-1059179	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ()	
ame and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
200 S. PI LANTAT	ORATION SYS' NE ISLAND RC ION, FL 33324	DAD US	ourpose of changing its registere	d office or registered agent, or both	
	e of Florida.		can poole of changing ne regions	a omeo or regional agent, or some	
IGNATU					
	Electroni	ic Signature of Registered Age	ent	Date	
ection Ca	mpaign Financing	Trust Fund Contribution ().			
FFICER	S AND DIRECT	rors:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTO	
tle: ame: ddress: ity-St-Zip:	PCEO () SPURCK, FRED 657 HEDGEGAT TIFFIN, OH 448	TE SOUTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
		Delete	Title:	() Change () Addition	
tle: ame: ddress: ity-St-Zip:	D () TOLFORD, GEC 295 E. SOUTH T TIFFIN, OH 448	FRAIL	Name: Address: City-St-Zip:		
ame: ldress: ty-St-Zip: tle: ame: ldress:	TOLFORD, GEO 295 E. SOUTH T TIFFIN, OH 448	DRGE K FRAIL 1883 Delete DIN T ST	Name: Address:	() Change () Addition	
ame: ddress: ty-St-Zip: tle: ame: ddress: ty-St-Zip: tle: ame: ddress:	TOLFORD, GEC 295 E. SOUTH T TIFFIN, OH 448 D () RICHARD, LUNE 3100 N DETRO!	DRGE K FRAIL 1883 Delete DIN T ST 6580 Delete NT TON ST	Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
ame: Idress:	TOLFORD, GEO 295 E. SOUTH T TIFFIN, OH 448 D () RICHARD, LUNE 3100 N DETROI WARSAW, IN 4 S () HOWARD, BREI 84 S WASHINGT TIFFIN, OH 448	DRGE K TRAIL 1883 Delete DIN T ST 6580 Delete NT TON ST 1883 Delete S D NE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify 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: CHRIS D. ENGLISH VPT 03/26/2009