

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000025565

FILED  
Jan 07, 2008  
Secretary of State

**Entity Name:** CLENDON WEBB INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6704 CONGRESS ST  
NEW PORT RICHEY, FL 34653 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 368  
NEW PORT RICHEY, FL 34656 US

**New Mailing Address:**

**FEI Number:** 59-3185886

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEBB, CLENDON  
6706 CONGRESS ST.  
NEW PORT RICHEY, FL 34653 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WEBB, CLENDON  
Address: 6704 CONGRESS ST  
City-St-Zip: NEW PORT RICHEY, FL 34653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** CLENDON WEBB

PRES

01/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date