


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # P93000056312
1. Entity Name
RITA D. WEBB, D.C., P.A.



| | |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Principal Place of Business 376 NEW BERLIN RD SUITE 10 JACKSONVILLE, FL 32218 US | Mailing Address 376 NEW BERLIN ROAD SUITE 10 JACKSONVILLE, FL 32218 US |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|



07102006 No Chg-P CP2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------|-------------------------------------------|
| 4. FEI Number 59-3197816 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
**WEBB, RITA D D.C.
376 NEW BERLIN RD- STE 10
JACKSONVILLE, FL 32218**

**DO NOT WRITE
IN THIS SPACE**

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: _____ DATE: **07/14/06**
Signature: typed or printed name of registered agent and title if applicable. (PROVE: Registered Agent signature required when amending)

**FILE NUMBER FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP WEBB, RITA D D.C. 376 NEW BERLIN RD SUITE 10 JACKSONVILLE, FL 32218 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WEBB, ATHEL 376 NEW BERLIN RD SUITE 10 JACKSONVILLE, FL 32218 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Rita D Webb **Rita D Webb** 7/10/06 **904-757-7744**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Copies Filed