


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000012600	
1. Entity Name WEBSTER INSTITUTE OF TECHNOLOGY, INC.	

Principal Place of Business: 6551 CENTRAL AVENUE ST. PETERSBURG FL 33710	Mailing Address: VANDALIA ENTERPRISES 144 WILLEY STREET MORGANTOWN WV 26505 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent RACHEL, ANNETTE C 6551 CENTRAL AVENUE ST. PETERSBURG FL 33710

4. FEI Number 55-3232768	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	RACHEL, ANNETTE C
STREET ADDRESS	10102 TARPON DRIVE
CITY - ST - ZIP	TREASURE ISLAND FL 33706

TITLE	<input type="checkbox"/> Delete
NAME	RHOADS, SHARON C
STREET ADDRESS	903 PINELLAS BAYWAY DRIVE, #302
CITY - ST - ZIP	YIERRA VERDE FL 33715

TITLE	<input type="checkbox"/> Delete
NAME	CALLEN, STEPHEN J
STREET ADDRESS	ROUTE 12, BOX 380
CITY - ST - ZIP	MORGANTOWN WV 26505

TITLE	<input type="checkbox"/> Delete
NAME	CALLEN, MICHAEL K
STREET ADDRESS	112 LAMPLIGHTER DRIVE
CITY - ST - ZIP	MORGANTOWN WV 26505

TITLE	<input type="checkbox"/> Delete
NAME	MAYNARD, HAZEL A
STREET ADDRESS	144 WILLEY ST
CITY - ST - ZIP	MORGANTOWN WV 26505

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000053066
STREET ADDRESS	02/16/04-80117-011 158.75
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Hazel A Maynard* **2-11-04** **304.296.8285**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #