


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2005 8:00 am
Secretary of State

04-08-2005 90037 035 ***150.00

DOCUMENT # P95000080493 1. Entity Name WEBBER & HINDEN HOLDING CORP.	
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Principal Place of Business 4430 SW 64TH AVE DAVIE, FL 33314 US	Mailing Address P.O. BOX 8549 PEMBROKE PINES, FL 33084-8549
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66020789



02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0622718	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

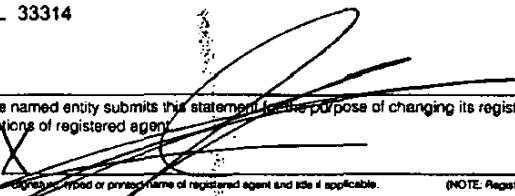
6. Name and Address of Current Registered Agent -

**HINDEN, JON A.
4430 SW 64TH AVE
DAVIE, FL 33314**

**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



1/5/05

DATE

**FILE NOW! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

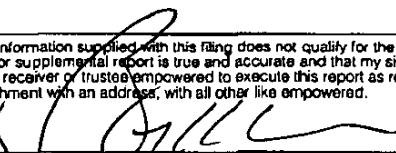
10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	WEBBER, BARRY S
STREET ADDRESS	P.O. BOX 8549 N/A
CITY-ST-ZIP	PEMBROKE PINES, FL 330848549
TITLE	VSD
NAME	HINDEN, JON A
STREET ADDRESS	P.O. BOX 8549 N/A
CITY-ST-ZIP	PEMBROKE PINES, FL 330848549
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 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/05 (954) 587-3058

Date

Daytime Phone #