

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90038 010 \*\*\*150.00

DOCUMENT # P96000016617.

1. Entity Name  
WEBSINE, INC.



Principal Place of Business

1333 N. HWY  
17-01  
LONGWOOD, FL 32750 US

Mailing Address

1333 N HWY 17-02  
LONGWOOD, FL 32750 US

*Chow*  
*Below \* Tlyz*



**DO NOT WRITE IN THIS SPACE**

02092005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3362514

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MIDSTATE LEGAL SUPPLY CORP.  
4435 OLD WINTER GARDEN RD.  
ORLANDO, FL 32811

**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

*[Signature]* *2/1/05*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 D  
NAME GOULD, LAWRENCE R \*  
STREET ADDRESS 107 ORANGE BLOSSOM CIRCLE  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32750

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/1/05* *646*  
*279-3128*