2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000029423

FILED Mar 27, 2008 Secretary of State

Entity Name: WEBSTER'S OF DEERFIELD BEACH, FLORIDA, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
745 SE 19 APT 100 DEERFIEL	TH AVE .D BEACH, I	FL 33441			
Current Mailing Address:			New Mailing Address:		
745 SE 19 APT 100 DEERFIEL	TH AVE .D BEACH, I	FL 33441			
FEI Number:	: 65-0663996	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
HICHBORN, WILLIAM W JR 745 SE 19TH AVE APT 100 DEERFIELD BEACH, FL 33441 US			HICHBORN, WILLIAM W III 745 SE 19TH AVE APT 100 DEERFIELD BEACH, FL 33441 US		
	named enti e of Florida.	ty submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: WILLIAM W. HICHBORN III				03/27/2008	
Electronic Signature of Registered Age			ent	Date	
Election Car	npaign Finand	cing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:			Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	DV HICHBORN, 112 W 76TH NEW YORK	I ST APT BR	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	745 SE 19Th	(X) Delete WILLIAM W JR H AVE APT 100 I BEACH, FL 33441	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	DS HICHBORN,	(X) Delete GRACE ANN	Title: (Name:) Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: WILLIAM W. HICHBORN III DP 03/27/2008

745 SE 19TH AVE APT 100

DEERFIELD BEACH, FL 33441

Address:

City-St-Zip: