

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000048912	
1. Entity Name RICHARD B. WEBBER II, P.A.	



Principal Place of Business 320 MAITLAND AVE. ALTAMONTE SPRINGS, FL 32701 US	Mailing Address 320 MAITLAND AVE. ALTAMONTE SPRINGS, FL 32701 US
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03202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3391430	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WEBBER, RICHARD B II  
320 MAITLAND AVE.  
ALTAMONTE SPRINGS, FL 32701

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBBER, RICHARD B II 320 MAITLAND AVE. ALTAMONTE SPRINGS, FL 32701
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04/20/06-80019-003 150.00

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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: *Richard B. Webber II* *Richard B. Webber II* *President* *4/4/2006* *407-260-8955*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #