


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90452 015 ***150.00

DOCUMENT # P97000031466 1. Entity Name DALE WEBB SERVICES, INC.					
Principal Place of Business 4702 WOODWARD PL SARASOTA, FL 34233-1821			Mailing Address 4702 WOODWARD PL SARASOTA, FL 34233-1821		
2. Principal Place of Business 4910 W. Myakka Valley Trail		3. Mailing Address 4910 W. Myakka Valley Trail			
Suite, Apt. #, etc. Trail		Suite, Apt. #, etc. Trail			
City & State Sarasota FL		City & State Sarasota, FL		4. FEI Number 65-0788929	
Zip 34241		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 34241		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBB, DALE 4702 WOODWARD PLACE SARASOTA, FL 34233			7. Name and Address of New Registered Agent Name Dale Webb Street Address (P.O. Box Number is Not Acceptable) 4910 W Myakka Valley Trail City Sarasota FL Zip Code 34241		
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: Dale Webb - President / Dale E. Webb DATE: 4-20-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBB, DALE 4702 WOODWARD PL SARASOTA, FL 342331821	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Webb, Dale 4910 W. Myakka Valley Trail Sarasota, FL 34241	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: Dale E. Webb <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-20-04 941-356-5590 <small>Date Daytime Phone #</small>		