


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-26-2005 90140 014 \*\*\*150.00

**DOCUMENT # P97000050445**

1. Entity Name  
**WEBSERV, INC.**



Principal Place of Business  
**7355 BLACKHAWK TRAIL**  
**SPRING HILL, FL 34606 US**

Mailing Address  
**P.O. BOX 3685**  
**SPRING HILL, FL 34606 US**

**66020693**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02152005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3450567**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MC CLOUD, JOHN**  
**7355 BLACKHAWK TRAIL**  
**SPRING HILL, FL 34608**

7. Name and Address of New Registered Agent  
 Name  
**DEBBIE CHAMBERLAND**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7355 BLACKHAWK TRAIL**  
 City  
**SPRING HILL FL** Zip Code  
**34606**

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 *Debbie Chamberland* **4/18/05**  
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 NAME STREET ADDRESS CITY-ST-ZIP	DST CHAMBERLAND, DEBBIE 13721 LINDEN DR SPRING HILL, FL 34609 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CHAMBERLAND, DEBBIE 7355 BLACKHAWK TRAIL SPRING HILL FL 34606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<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: *Debbie Chamberland* **4/18/05** **(352) 650-6568**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #