

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90101 025 \*\*\*150.00

**DOCUMENT # P97000080756**

1. Entity Name  
**WEBB COLLINS MANAGEMENT COMPANY, INC.**



Principal Place of Business  
**4635 CORONADO PARKWAY # 7  
CAPE CORAL, FL 33904**

Mailing Address  
**4635 CORONADO PARKWAY # 7  
CAPE CORAL, FL 33904**

**20032752**



2. Principal Place of Business  
**1490 NE Pine Island Rd, #5**  
Suite, Apt. #, etc.

3. Mailing Address  
**1490 NE Pine Island Rd, #5**  
Suite, Apt. #, etc.

03102006 Chg-P CR2E034 (11/05)

City & State  
**Cape Coral, FL**

City & State  
**Cape Coral, FL**

4. FEI Number  
**65-0783272**  
Applied For  
Not Applicable

Zip  
**33909**  
Country  
**USA**

Zip  
**33909**  
Country  
**USA**

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

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

**WEBB, SANDRA J  
4635 CORONADO PARKWAY STE 7  
CAPE CORAL, FL 33904**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1490 NE Pine Island Road, Bldg 5**  
City  
**Cape Coral** **FL** Zip Code  
**33909**

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, 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, 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	D WEBB, SANDRA J 4635 CORONADO PARKWAY STE 7 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, ANTHONY V 4653 CORONADO PARKWAY, SUITE 7 CAPE CORAL, FL 33904	<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 type="checkbox"/> Change <input type="checkbox"/> Addition 1490 Pine Island Road, Bldg 5 Cape Coral, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1490 NE Pine Island Road, Bldg 5 Cape Coral, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Sandra J Webb*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-06 239/443/6689  
Date Daytime Phone #