

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90024 041 ***150.00

DOCUMENT # P98000028853

1. Entity Name

WEBCARA CONSULTING GROUP, INC.



Principal Place of Business

1217 NORTHWOOD ROAD
JACKSONVILLE FL 32207

Mailing Address

POST OFFICE BOX 24381
JACKSONVILLE FL 32241-4381

2. Principal Place of Business

3. Mailing Address

1217 Northwood Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jacksonville, FL

Zip

Country

Zip

Country

32207

USA



MOORE

CR2E034 (11/03)

4. FEI Number 59-3511097

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRWAN, MICHAEL B
50 N. LAURA STREET
SUITE 2800
JACKSONVILLE FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SIMS, WILLIAM A
STREET ADDRESS 1217 NORTHWOOD RD
CITY-ST-ZIP JACKSONVILLE FL 32207-5325

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

William A. Sims, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-04

Date

904-728-4489

Daytime Phone #