

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90137 001 ***450.00

DOCUMENT # P98000055230

1. Entity Name
WEBB & ASSOCIATES, INC.



Principal Place of Business
**1300 N.W. 167TH STREET
SUITE 2
MIAMI, FL 33169**

Mailing Address
**1300 N.W. 167TH STREET
SUITE 2
MIAMI, FL 33169**

66005964



02262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0849558

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAXEY, WIRT T
3001 PONCE DE LEON BLVD. STE. 200
CORAL GABLES, FL 33134**

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	WEBB, WILLIAM C III
STREET ADDRESS	1300 N.W. 167TH STREET STE 2
CITY - ST - ZIP	MIAMI, FL 33169
TITLE	SV
NAME	BOEHME, KRISTINE
STREET ADDRESS	1300 N.W. 167TH STREET STE 2
CITY - ST - ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 **William C. Webb, III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/07

Date

305-624-8585

Daytime Phone #