

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-09-2004 90017 037 ***150.00

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DOCUMENT # P98000097730 1. Entity Name W.K. WEBB & COMPANY, INC.					
Principal Place of Business 220 STOWE AVE STE 41 ORANGE PARK, FL 32073			Mailing Address 220 STOWE AVE STE 41 ORANGE PARK, FL 32073		
2. Principal Place of Business 1765 Country Walk Dr. Suite, Apt. #, etc.		3. Mailing Address 1765 Country Walk Dr. Suite, Apt. #, etc.			
City & State Orange Park, FL Zip 32003		City & State Orange Park, FL Zip 32003		4. FEI Number 59-3544468	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBB, WK 220 STOWE AVE #41 ORANGE PARK, FL 32073				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	PSTD WEBB, W K 220 STOWE AVE STE 41 ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1765 Country Walk Dr. Orange Park, FL 32003	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUH, EDWIN 220 STOWE AVE STE 41 ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1765 Country Walk Dr. Orange Park, FL 32003	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEEKS, ELIZABETH 220 STOWE AVE STE 41 ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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:			W.K. Webb		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2-6-04 Daytime Phone # 9042645182		