## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 14, 2005 08:00 AM **DOCUMENT # P99000054035 Secretary of State** 1. Entity Name S.D. WEBB ELECTRIC, INC. Mailing Address Principal Place of Business 8182 LAKE SAN CARLOS CIRCLE 8182 LAKE SAN CARLOS CIRCLE FT.MYERS, FL 33912 FT.MYERS, FL 33912 03062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0947573 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEBB, STEPHEN D DO NOT WRITE 8182 LAKE SAN CARLOS CIRCLE FT.MYERS, FL 33912 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPVP ππε WEBB, STEPHEN D U00000263516 STREET ADDRESS 8182 LAKE SAN CARLOS CÍRCLE 03/14/05-80098-013 150.00 CITY-ST-ZIP FT.MYERS, FL 33912 TITLE WEBB, SUSAN M NAME STREET ADDRESS 8182 LAKE SAN CARLOS CIR. FORT MYERS, FL 33912 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

1 miles

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICERIOR DIRECTOR

3-10-01

239-415-1700

Daytime Phone #

**FILED**