### 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

#### DOCUMENT # P99000091706

1. Entity Name THE WEBB COMPANIES, 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

## **FILED** Mar 21, 2006 8:00 am Secretary of State

03-21-2006 90080 001 \*\*\*900.00

## **PEU06078**



02102006

No Chg-P

CR2E034 (11/05)

4. FEI Number 91-2043648

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MAXEY, WIRT T 3001 PONCE DE LEON BLVD STE 200

# DO NOT WRITE

OCORAL GABLES, FL 33134			IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or re	registered agent, or both, in the State of Florida. I am familia	r with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	d Agent signature	are required when reinstating) DATE	<del></del>
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Trust Fund Contribu			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE	PTD				
NAME	WEBB, WILLIAM C III				
STREET ADDRESS	1300 NW 167TH ST STE 2			•	
CITY-ST-ZIP	MIAMI, FL 33169	· · · · · · · · · · · · · · · · · · ·			
TITLE	sv				
NAME	BOEHME, KRISTINE				
STREET ADDRESS	1300 NW 167TH ST STE 2				
CITY-ST-ZIP	MIAMI, FL 33169		l		
TITLE	D		Į.		
NAME	WEBB, WILLIAM C JR				
STREET ADDRESS	1300 NW 167TH ST STE 2			DO NOT WRITE	
CITY-ST-ZIP	MIAMI, FL 33169			DO NOT WHITE	
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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

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William C. Webb, IIR-10-2006 307-624-8585

Daytime Phone #