

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S10880

Entity Name: WEBB FOODS, INC.

FILED
Feb 04, 2006
Secretary of State

Current Principal Place of Business:

172 RIVERSIDE DR
DNA
ORMOND BEACH, FL 32176 US

New Principal Place of Business:

Current Mailing Address:

172 RIVERSIDE DR
DNA
ORMOND BEACH, FL 32176 US

New Mailing Address:

FEI Number: 59-3035168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NOELL JR, GILBERT W
172 RIVERSIDE DR.
ORMOND BCH, FL 32176 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NOELL JR, GILBERT W
Address: 172 RIVERSIDE DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: ST () Delete
Name: NOELL, GILBERT W., J, R.
Address: 172 RIVERSIDE DR.
City-St-Zip: ORMOND BCH, FL 32176

Title: VP () Delete
Name: DISCH, BRAD A
Address: 2043 JOHN ANDERSON DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: AST () Delete
Name: ROBINSON, NANCY NOELL
Address: 4501 JUANITA WAY SOUTH
City-St-Zip: ST PETERSBURG, FL

Title: VP () Delete
Name: NOELL, JACQUELYN T
Address: 172 RIVERSIDE DR.
City-St-Zip: ORMOND BCH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AST (X) Change () Addition
Name: ROBINSON, NANCY NOELL
Address: 3042 E VINA DELL BLVD
City-St-Zip: ST PETERSBURG, FL 33706

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GILBERT W. NOELL, JR.

PRES

02/04/2006

Electronic Signature of Signing Officer or Director

_____ Date