


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90031 001 ***150.00

DOCUMENT # S94172

1. Entity Name
WEB-MAR MANAGEMENT, INC.



Principal Place of Business
**6014 THOMAS DRIVE
 PANAMA CITY BEACH, FL 32407**

Mailing Address
**P.O. BOX 9350
 PANAMA CITY, FL 32417 US**



2. Principal Place of Business
1619 Moylan Rd.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 9350
 Suite, Apt. #, etc.

02082005 Chg-P CR2E034 (10/03)

City & State
Panama City Beach FL

City & State
Panama City Beach FL

Zip
32407

Zip
32417

4. FEI Number
59-3091529

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MELODEE WEBER
 1619 MOYLAN RD.
 PANAMA CITY BEACH, FL 32407**

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 reissuing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> Delete
NAME WEBER, JAMES J. JR.	
STREET ADDRESS 2863 TUPELO	
CITY-ST-ZIP PANAMA CITY BCH., FL	
TITLE VP	<input type="checkbox"/> Delete
NAME WEBER, MELODEE	
STREET ADDRESS 2863 TUPELO	
CITY-ST-ZIP PANAMA CITY BCH., FL	
TITLE D	<input type="checkbox"/> Delete
NAME MCKENNA, CHRIS	
STREET ADDRESS 9733 120TH ST NO.	
CITY-ST-ZIP SEMINOLE, FL	
TITLE D	<input type="checkbox"/> Delete
NAME DEKORTE, JANE	
STREET ADDRESS 13463 CORDOVA DRIVE	
CITY-ST-ZIP LARGO, FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dekorte, Jane
STREET ADDRESS	9611 118th Lane
CITY-ST-ZIP	Seminole, FL 33772
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 807, 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: _____ Date **3/23/05** (850) 234-8428 Daytime Phone #