


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

02-02-2005 90060 029 ***150.00

DOCUMENT # V08366			
1. Entity Name WEBBER TIRE, INC.			
Principal Place of Business 9 E MACCLENNY AVE MACCLENNY FL 32063		Mailing Address 9 E MACCLENNY AVE MACCLENNY FL 32063 US	
2. Principal Place of Business 9 E Macclenny Ave Suite, Apt. #, etc. 9 E		3. Mailing Address 9 E Macclenny Ave Suite, Apt. #, etc. 9 E	
City & State Macclenny FL		City & State Macclenny FL	
Zip 32063 Country Baker		Zip 32063 Country Baker	
4. FEI Number 59-3100743		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBBER SR, LEWIS L 4631 ORTEGA FARMS BLVD JACKSONVILLE FL 32210		7. Name and Address of New Registered Agent Name Lewis L. Webber Sr. Street Address (P.O. Box Number is Not Acceptable) 33 East Macclenny Ave City Macclenny FL Zip Code 32063	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Lewis L. Webber Sr. (NOTE: Registered Agent signature required when reinstating) DATE 1-25-05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WEBBER, LEWIS L SR 4631 ORTEGA FARMS BLVD JACKSONVILLE FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Webber Lewis L Sr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33 East Macclenny Ave Macclenny FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEBBER, ANN 4631 ORTEGA FARMS BLVD JACKSONVILLE FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ann Webber <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33 East Macclenny Ave Macclenny FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Lewis L. Webber Sr.		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Lewis L. Webber Sr. DATE 3-27-05	

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