


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90049 027 ***150.00

DOCUMENT # **V08366**

1. Entity Name
WEBBER TIRE, INC.



Principal Place of Business WEBBER TREE 9 EAST MACCLAY AVE MACCLENNY FL 32063	Mailing Address WEBBER TREE 9 EAST MACCLAY AVE MACCLENNY FL 32063 US
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2. Principal Place of Business - No P.O. Box # 9 E Maccleny Ave	3. Mailing Address Webber Tire Inc
Suite, Apt. #, etc.	Suite, Apt. #, etc. 9 E Maccleny Ave

1st MOORE CR2E034 (10/06)

City & State Maccleny FL 32063	City & State Maccleny FL
Zip 32063	Country Bobur
Country Bobur	Zip 32063
Country Bobur	Country Bobur

4. FEI Number 59-3100743	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WEBBER SR, LEWIS L. 33 EAST MACCLENNY AVE MACCLENNY FL 32063	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME WEBBER, LEWIS L SR STREET ADDRESS 33 EAST MACCLENNY AVE CITY - ST - ZIP MACCLENNY FL 32063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE BK NAME WEBBER, ANN STREET ADDRESS 33 EAST MACCLENNY AVE CITY - ST - ZIP MACCLENNY FL 32063	<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
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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 exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lewis L Webber Sr* *Lewis L Webber* *2/17/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #