


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # 560304 1. Entity Name STAN WEAVER AND COMPANY	
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Principal Place of Business 4607 N CORTEZ AVE TAMPA, FL 33614 US	Mailing Address 4607 N CORTEZ TAMPA, FL 33614 US
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DO NOT WRITE IN THIS SPACE



02232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1783691	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEAVER, STAN
 4607 N CORTEZ AVE
 TAMPA, FL 33614

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEAVER, CHARLES S. 124 WESTGATE TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBERTS, G D 10856 BAYSHORE DR WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, CAROL 10856 BAYSHORE DR WINDERMERE, FL 34786
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 03/20/07-80035-007 150.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X *C.S. Weaver, VP* 3-6-07 813-879-0383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #