AUG-12-05 10:38 AM AMY_WHITMARSH 904+738+3598 P.01

FILED
Aug 29, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000102628

1. Entity Name
MICHAEL T. WEIKEL CONSTRUCTION, INC.

Principal Place of Business
1801 SALVADORE STREET
DELAND, FL 32720

Mailing Address
1801 SALVADORE STREET
DELAND, FL 32720

DO NOT WRITE IN THIS SPACE

08122005 No Chg-P CR2E034 (10/03)

4. FEI Number
55-0846751

Applied For
Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

WEIKEL, MICHAEL T
1801 SALVADORE STREET
DELAND, FL 32720

DO NOT WRITE IN THIS SPACE

6. 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 reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	WEIKEL, MICHAEL T
STREET ADDRESS	1801 SALVADORE STREET
CITY-ST-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/29/05-80004-016 150.00

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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: ____________________

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