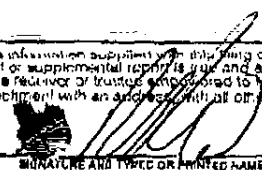


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

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-F CR2E034 (10/03)	
		4. FEI Number 55-0846751 <table border="1"> <tr> <td>Applied For</td> <td>Not Applicable</td> </tr> </table>	
Applied For	Not Applicable		
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEIKEL, MICHAEL T 1801 SALVADORE STREET DELAND, FL 32720		DO NOT WRITE IN THIS SPACE	
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 _____ Signature must be printed below of registered agent and title (if applicable) (NOTE: This statement is subject to a request for review by the Secretary of State) DATE _____			
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. 807.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000377322 08/29/05-80004-016 150.00	
TITLE	POST		
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			
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
12. I hereby certify that the information submitted on this filing does not qualify for the exemption stated in Section 119.07(2)(c), 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 or changes, or on an attachment with an address, with all other like empowered			
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	