2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 20, 2006 8:00 am
Secretary of State
05-01-2006 90292 050 ***150.00

DOCUMENT # P03000102628

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

Principal Place of Business	Mailing Address
~~1801 SALVADORE STREET~~ DELAND FL 32720	~~1801 SALVADORE STREET~~ DELAND FL 32720

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
1885 Whippoorwill Lane	1885 Whippoorwill Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DeLand FL	City & State: DeLand FL
Zip: 32720 Country: Volusia	Zip: 32720 Country: Volusia

4. FEI Number: 55-0846751 ☐ 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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ____________________ 4/19/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WEIKEL, MICHAEL T		NAME		
STREET ADDRESS	1801 SALVADORE STREET		STREET ADDRESS		
CITY-ST-ZIP	DELAND FL 32720		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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