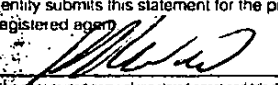
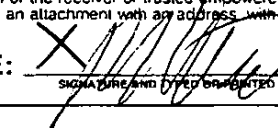


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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 1801 SALVADORE STREET DELAND FL 32720			Mailing Address 1801 SALVADORE STREET DELAND FL 32720		
2. Principal Place of Business 1885 Whipoorwill Lane Suite, Apt. #, etc.		3. Mailing Address 1885 Whipoorwill Ln Suite, Apt. #, etc.			
City & State DeLand FL		City & State DeLand FL		4. FEI Number 55-0846751	
Zip 32720 Country Volusia		Zip 32720 Country Volusia		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  DATE 4/19/06 Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consolidating)					
FILING NOW: FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make checks 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 NAME WEIKEL, MICHAEL T STREET ADDRESS 1801 SALVADORE STREET CITY-ST-ZIP DELAND FL 32720				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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					