

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P03000154912  
 1. Entity Name  
 PHYLLIS WEEMS & CO., INC.



Principal Place of Business  
 4014 INDIAN TRAIL  
 DESTIN, FL 32541

Mailing Address  
 4014 INDIAN TRAIL  
 DESTIN, FL 32541



03252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 52-2401519 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 WEEMS, PHYLLIS  
 4014 INDIAN TRAIL  
 DESTIN, FL 32541

**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: NA  
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**  
**After May 1, 2008 Fee will be \$550.00**

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

DATE: 04/10/08-80039-012 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEEMS, PHYLLIS
STREET ADDRESS	4014 INDIAN TRAIL
CITY ST ZIP	DESTIN, FL 32541
TITLE	PVST
NAME	WEEMS, PHYLLIS
STREET ADDRESS	4014 INDIAN TRAIL
CITY ST ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

**DO NOT WRITE IN THIS SPACE**

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 included 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: Phyllis Rayweems **Phyllis Rayweems-3-25-08-**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)