

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90013 023 ***150.00

DOCUMENT # 560304

1. Entity Name
STAN WEAVER AND COMPANY



Principal Place of Business
**4607 N CORTEZ AVE
TAMPA, FL 33614 US**

Mailing Address
**4607 N CORTEZ
TAMPA, FL 33614 US**

40042104



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-1783691

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**WEAVER, STAN
740 S. WESTSHORE BLVD.
TAMPA, FL 33609**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4607 N. Cortez Avenue

City

Tampa

FL

Zip Code

33614

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, 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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME **WEAVER, CHARLES S.**
STREET ADDRESS **124 WESTGATE**
CITY-ST-ZIP **TARPON SPRINGS, FL 34688**

TITLE ST ☐ Delete
NAME **ROBERTS, G D**
STREET ADDRESS **15017 LAUREL COVE CIR**
CITY-ST-ZIP **ODESSA, FL 33356**

TITLE P ☐ Delete
NAME **ROBERTS, CAROL**
STREET ADDRESS **15017 LAUREL COVE CIRCLE**
CITY-ST-ZIP **ODESSA, FL 33356**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10856 Bayshore Drive**
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10856 Bayshore Drive**
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Chapter 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-06

Date

813-879-0383

Daytime Phone #