

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 560304

**FILED**  
**Mar 13, 2023**  
**Secretary of State**  
**9493143028CC**

**Entity Name:** STAN WEAVER AND COMPANY

**Current Principal Place of Business:**

4607 N CORTEZ AVE  
TAMPA, FL 33614

**Current Mailing Address:**

4607 N CORTEZ AVE  
TAMPA, FL 33614 US

**FEI Number:** 59-1783691

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION COMPANY OF ORLANDO  
300 SOUTH ORANGE AVENUE  
SUITE 1600 (BRR)  
ORLANDO, FL 32801 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, SECRETARY,  
                    TREASURER  
Name            ROBERTS, G D  
Address        4607 N CORTEZ AVENUE  
City-State-Zip: TAMPA FL 33614

Title            VP  
Name            ROBERTS LACAYO, AMANDA  
Address        4607 N CORTEZ AVENUE  
City-State-Zip: TAMPA FL 33614

Title            VP  
Name            ROBERTS, GAVIN D  
Address        4607 N CORTEZ AVE  
City-State-Zip: TAMPA FL 33614

Title            VP  
Name            FOLEY, MICHAEL  
Address        4607 N CORTEZ AVE  
City-State-Zip: TAMPA FL 33614

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** G D ROBERTS

**PRESIDENT**

**03/13/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date