

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000154912

**Entity Name:** PHYLLIS WEEMS & CO., INC.

**Current Principal Place of Business:**

P. O BOX 1591  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

P.O BOX 1591  
SANTA ROSA BEACH , FL 32459 US

**FEI Number: 52-2401519**

**Certificate of Status Desired: Yes**

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

WEEMS, PHYLLIS  
3422 HIGHWAY 98 WEST  
SUITE 7  
SANTA ROSA BEACH, FL 32459 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            D  
Name            WEEMS, PHYLLIS  
Address        P.O. BOX 1591  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            PVST  
Name            WEEMS, PHYLLIS  
Address        P.O. BOX 1591  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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: PHYLLIS R WEEMS**

**PRESIDENT**

**04/30/2023**

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

\_\_\_\_\_  
Date