

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 241072

FILED
Apr 17, 2009
Secretary of State

Entity Name: SUBER & WEAVER EQUIPMENT REPAIR CO., INC.

Current Principal Place of Business:

317 BLOUNTSTOWN HWY
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2193
TALLAHASSEE, FL 32316 US

New Mailing Address:

FEI Number: 59-0911790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, ANTHONY M.
898 WHIDDON LAKE RD.
WHIDDON LAKE ROAD
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

SANDERS, ANTHONY M.
898 WHIDDON LAKE RD.
CRAWFORDVILLE, FL 32327 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:

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANDERS, ANTHONY M.
Address: 898 WHIDDON LAKE RD.
City-St-Zip: CRAWFORDVILLE, FL

Title: STD () Delete
Name: SCOTT, NIKKI S.
Address: 240 WOODRICH ROAD
City-St-Zip: CRAWFORDVILLE, FL

Title: VD () Delete
Name: SANDERS, SHARI A
Address: 317 BLOUNTSTOWN HWY
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SANDERS, ANTHONY M.
Address: 898 WHIDDON LAKE RD.
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: STD (X) Change () Addition
Name: SCOTT, NIKKI S.
Address: 240 WOODRICH ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: VD (X) Change () Addition
Name: SANDERS, SHARI A
Address: 317 BLOUNTSTOWN HWY
City-St-Zip: TALLAHASSEE, FL 32304 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NIKKI S SCOTT

ST

04/17/2009

Electronic Signature of Signing Officer or Director

Date