


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90167 001 \*\*\*300.00

<b>DOCUMENT # 268588</b> 1. Entity Name <b>WEBER MFG &amp; SUPPLIES INC</b>					
Principal Place of Business <b>3430 TECHNOLOGY DR</b> <b>NOKOMIS, FL 34275 US</b>			Mailing Address <b>3430 TECHNOLOGY DR</b> <b>NOKOMIS, FL 34275 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>WEBER MANUFACTURING INC.</b> <b>304 A TRIPLE DIAMOND BLVD.</b> <b>NOKOMIS, FL 34275</b>			
City & State <b>NOKOMIS, FL 34275</b>		City & State <b>NOKOMIS, FL 34275</b>		4. FEI Number <b>59-1002917</b>	
Zip <b>34275</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PROST, LOUIS SAMUEL</b> <b>3430 TECHNOLOGY DR.</b> <b>NOKOMIS, FL 34275</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PROST, PAMELA J</b> <b>1308 GUARDIAN DR.</b> <b>VENICE, FL 00000,</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>PROST, LOUIS SAMUEL</b> <b>1308 GUARDIAN DR.</b> <b>VENICE, FL 00000,</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SMITH, PATRICK C</b> <b>508 CROFTSMAN CIRCLE</b> <b>NOKOMIS, FL 34275</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> _____ <b>4/8/08</b>					