2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 268588 1. Entity Name WEBER MFG & SUPPLIES INC					04-11-2008 90167 001 ***300.00					
Principal Place	e of Business	Mailing Address								
3430 TECHN NOKOMIS, Ft		3430 TECHNOLOGY DR NOKOMIS, FL 34275 US		-	66006467			Stike: 41 1841		
Principal Place of Business - No P.O. Box #			ANUFACTU	RING	11110.					
WEBE	PLE DIAMO OMIS, FL 3	ND B 4275	01082008	Chg-P	CR2E	034 (12/06)				
City & State	TRIPLE DIAMOND BLVI NOKOMIS, FL 34275	City & State			4. FEI Numb				pplied For of Applicable	
Zip	Country	Zip	Country			e of Status Desired		\$8.75 Ad	ditional	
	6. Name and Address of Current F	legistered Agent		7. Name and Address of New Registered Agent						
				Name						
PROST,LOUIS SAMUEL 3430 TECHNOLOGY DR.			Street A	Street Address (P.O. Box Number is Not Acceptable)						
NOKOMIS	, FL 34275									
			City	City			FL Zip Code			
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.							, and accept			
the obligati	ions of registered agent.	, , , , , , , , , , , , , , , , , , , ,			oo agont, or o		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
SIGNATURE	·									
SIGNATURE	ions of registered agent. Signature, typed or printed name of registered agent ar		E: Registered Agent signal				DATE			
SIGNATURE:	·	9. Election Campai	E: Hagistered Agent signal	ure required						
SIGNATURE:	Signature, typed or printed name of registered agent an	9. Election Campai Trust Fund Contr	E: Hagistered Agent signal	ure required	when reinstalling) OO May Be ed to Fees	/CHANGES TO OFF	DATE			
SIGNATURE FILI After Ma	Signature, typed or printed name of registered agent and E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campai Trust Fund Contr	E: Registered Agent signal gn Financing ribution.	ure required	when reinstalling) OO May Be ed to Fees		DATE			
SIGNATURE FILI After Ma 10. TITLE NAME	Signature, typed or printed name of registered agent and E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0 OFFICERS AND E S PROST, PAMELA J	9. Election Campai Trust Fund Contr	gn Financing ribution. 11. Title NAME	ure required	when reinstalling) OO May Be ed to Fees		DATE	D DIRECTOR	S IN 11	
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FILE After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent and applied to printed name of registered agent and applied to provide the second of the	9. Election Campai Trust Fund Contr	gn Financing ribution. 11. THLE NAME STREET ADDRESS CITY-ST-ZIP	ure required	when reinstalling) OO May Be ed to Fees		DATE	D DIRECTOR	S IN 11	
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12. I hereby certify that the information supplied with this filling flors 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Daylime Phone #

☐ Change ☐ Addition