2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 312534

1. Entity Name
WEAVER OIL COMPANY INC

Principal Place of Business

3305 CAPITAL CIRCLE NE STE. 205 TALLAHASSEE, FL 32308 Mailing Address

P.O. BOX 12279

TALLAHASSEE, FL 32317

FILED
Jan 28, 2004 08:00 AM
Secretary of State



DO	NOT	WRITE	IN	THIS	SPACE
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01172004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired □ \$8.75 Additional Fee Required

Name and Address of Current Registered Agent

WEAVER JR,J W 3305 CAPITAL CIR NE STE 205 TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the plions of registered agent	urpose of changing its registe	red office or r	registered agent, or both,	in the State of Florida. I am familia	with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title it	f anniirable (NOTE Secritor	and Ament signature	- equired when reinstating)	DATE		
		approache (NOTE register	eu Agent aigneach	o required with remaining)	CAIC	· · ·	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS				,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEAVER, JR J W 3305 CAPITAL CIR. NE #205 TALLAHASSEE, FL 32308	_				150.00	
TITLE NAME STREET ADORESS CXTY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO I	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CRY-ST-ZIP							
12. I hereby of	certify that the information supplied with this fill on this report or supplemental report is true as	ing does not qualify for the ext	emption state	d in Section 119.07(3)(i), the the same legal effect a	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 cettly true and accurate and that my signature shall have the same legal effect as if made under cettly true and accurate and that my signature shall have the same legal effect as if made under cettly true and accurate and that my signature shall have the same legal effect as if made under cettly true and accurate and that my signature shall have the same legal effect as if made under cettly true and accurate and that my signature shall have the same legal effect as if made under cettly true and accurate and that my signature shall have the same legal effect as if made under cettly true and accurate and that my signature shall have the same legal effect as if made under cettly true and accurate and that my signature shall have the same legal effect as if made under cettly true and accurate and that my signature shall have the same legal effect as if made under cettly true and accurate and that my signature shall have the same legal effect as if made under cettly true and accurate and that my signature shall have the same legal effect as if made under cettly true.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

104 850-531-0454