



FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 366582 1. Entity Name G. F. WEISS INDUSTRIES, INC.			
Principal Place of Business 7860 126TH AVENUE NORTH LARGO, FL 33773		Mailing Address 7860 126TH AVENUE NORTH LARGO, FL 33773 US	
DO NOT WRITE IN THIS SPACE			
		02222007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1311072 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBBINS, RICHARD M. 1230 S. MYRTLE AVE., STE 301 CLEARWATER, FL 34616		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000698300 04/18/07-80075-008 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISS, LUCILLE 337 MIDWAY ISLAND CLEARWATER, FL 33767		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEISS, JEFFREY G 1465 49TH AVENUE SAINT PETERSBURG, FL 33703		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOHKAMP, NORMA 429-20TH AVENUE INDIAN ROCKS BEACH, FL 33785		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, GEORGE 337 MIDWAY ISLAND CLEARWATER, FL 33767		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			
SIGNATURE: <u>Norma Lohkamp, Corp Sec Treas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-5-7</u> Daytime Phone # <u>727-535-4634</u> X 304	