

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
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**



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1311072

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEISS, LUCILLE
STREET ADDRESS	337 MIDWAY ISLAND
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	V
NAME	WEISS, JEFFREY G
STREET ADDRESS	1465 49TH AVENUE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703
TITLE	ST
NAME	LOHKAMP, NORMA
STREET ADDRESS	429-20TH AVENUE
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	D
NAME	WEISS, GEORGE
STREET ADDRESS	337 MIDWAY ISLAND
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/16/08-80052-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Norma Lohkamp*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08

Date

727-596-8295

Daytime Phone #