


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 460500 1. Entity Name RONALD E WEBER LIMITED, INC.		
Principal Place of Business 2252 SOUTH TAMIAMI TRAIL VENICE FL 34293		Mailing Address 2252 SOUTH TAMIAMI TRAIL VENICE FL 34293
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
4. FEI Number 59-1547820		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required



1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent WEBER, RONALD E. 2252 SOUTH TAMIAMI TRAIL VENICE FL 33595 - 34293	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____

Signature, typed or printed name of new listed agent and title, if applicable. (NOTE: Registered Agent's signature required when removing agent)

FILE NOW!!! FEE IS \$150.00 - After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD <input type="checkbox"/> Delete WEBER, RONALD E	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2252 S. TAMIAMI TRAIL	NAME	U00000805960
CITY - ST - ZIP	VENICE FL 34293	STREET ADDRESS	02/06/08-80023-002 158.75
CITY - ST - ZIP	VENICE FL 34293	CITY - ST - ZIP	
TITLE	VSD <input type="checkbox"/> Delete WEBER, LISA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2252 S. TAMIAMI TRAIL	NAME	
CITY - ST - ZIP	VENICE FL 34293	STREET ADDRESS	
CITY - ST - ZIP	VENICE FL 34293	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ronald E. Weber 1.29.08 941-488-2064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR