


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90055 042 ***150.00

DOCUMENT # 487312	
1. Entity Name WEEMS ENTERPRISES, INC.	

Principal Place of Business 2447 MAURITANIA ROAD PUNTA GORDA, FL 33983 US	Mailing Address 2447 MAURITANIA ROAD PUNTA GORDA, FL 33983 US
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40018100



02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1625999	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WEEMS, T.L. 2447 MAURITANIA ROAD PUNTA GORDA, FL 33983
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**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 *T.L. Weems* *Feb 6 - 05*
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEEMS, T.L. 4137 D. JAMES ST. CHARLOTTE HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WEEMS, GEORGIA 4137 D. JAMES ST. CHARLOTTE HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Weems, Thomas L. JR. 4137 D. James St. Charlotte Harbor, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Georgia Weems* *Georgia Weems* *2-2-05 (941-627-1061)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone