


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 492432</b> 1. Entity Name <b>WEIRICH, INC.</b>	
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Principal Place of Business <b>1512 VASSAR ST ORLANDO, FL 32805</b>	Mailing Address <b>1512 VASSAR ST ORLANDO, FL 32805</b>
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**DO NOT WRITE IN THIS SPACE**



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1636042</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**RODGERS, JOHN W.  
304 E COLONIAL DR.  
ORLANDO, FL 32801**

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	PD THOMAS, ROBERT B 840 GRAY RD COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, PATRICIA B 840 GRAY RD COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKINNON, PAULA A. 901 S CHICKASAW TR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAVEN, CARLA A. 5555 BROADACRES STREET MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, MARK E 27201 WOODHOLLOW RD. MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000716634  
04/30/07-80016-005 150.00

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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: Paula McKinnon Paula McKinnon 4-16-07 401-425-3423

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #