

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 492432

1. Entity Name
WEIRICH, INC.



Principal Place of Business
**1512 VASSAR ST
ORLANDO, FL 32805**

Mailing Address
**1512 VASSAR ST
ORLANDO, FL 32805**



02272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1636042

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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

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

(NOTE: Registered Agent signature required when reinitiating)

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	PD
NAME	THOMAS, ROBERT B
STREET ADDRESS	840 GRAY RD
CITY-ST-ZIP	COCOA, FL 32926
TITLE	S
NAME	THOMAS, PATRICIA B
STREET ADDRESS	840 GRAY RD
CITY-ST-ZIP	COCOA, FL 32926
TITLE	T
NAME	MCKINNON, PAULA A.
STREET ADDRESS	901 S CHICKASAW TR
CITY-ST-ZIP	ORLANDO, FL
TITLE	VP
NAME	HAVEN, CARLA A.
STREET ADDRESS	5555 BROADACRES STREET
CITY-ST-ZIP	MERRITT ISLAND, FL
TITLE	VP
NAME	THOMAS, MARK E
STREET ADDRESS	27201 WOODHOLLOW RD.
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000895752
04/24/08-80081-002 150.00

**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: *PATRICIA B. THOMAS*
Patricia B. Thomas, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08

DATE

407-425-3423

DAYTIME PHONE #