


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # 566302	
1. Entity Name WEID CORPORATION	

Principal Place of Business 9 SE 5TH ST P.O. BOX 1635 BOCA RATON FL 33429	Mailing Address 9 SE 5TH ST P.O. BOX 1635 BOCA RATON FL 33429
---	---



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent	
WEID, JAMES JR. 9 SE 5TH ST BOCA RATON FL 33429	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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: <i>OPPS NO CHANGE</i>	DATE: <i>1-25-08</i>

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
---	---

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	WEID, CHARRAN LEE B.
STREET ADDRESS	2325 NE 26TH ST
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064
TITLE	<input type="checkbox"/> Delete
NAME	WEID, JAMES L
STREET ADDRESS	21314 SUMMERTRACE CIR.
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	<input type="checkbox"/> Delete
NAME	JOSTOCK, CHARRAN
STREET ADDRESS	3043 CARDINAL DR
CITY-ST-ZIP	DELRAY BEACH FL 33444
TITLE	<input type="checkbox"/> Delete
NAME	COB
STREET ADDRESS	WEID, JAMES G
CITY-ST-ZIP	2325 NE 26TH ST. LIGHTHOUSE FL 33064
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: <i>Charran A Weid Jastrol / Corp Sec.</i>	<i>1-25-08</i>	<i>5663689250</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		