

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 639431

1. Entity Name
WEINGART FLOORS, INC.



Principal Place of Business
7000 PARK BLVD STE C
PINELLAS PARK, FL 33781

Mailing Address
7000 PARK BLVD STE C
PINELLAS PARK, FL 33781

FILED
Jan 18, 2008 08:00 AM
Secretary of State



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1943104

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEINGART, DAVID M.
8571 HOLLYHOCK AVE
SEMINOLE, FL 34647

**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 reinstating)

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 S
NAME WEINGART, GWENDOLYN
STREET ADDRESS 11650 4TH ST. EAST
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE P
NAME WEINGART, DAVID M
STREET ADDRESS 8571 HOLLYHOCK AVENUE
CITY-ST-ZIP SEMINOLE, FL

TITLE VP
NAME WEINGART, BEVERLY
STREET ADDRESS 8571 HOLLYHOCK AVE
CITY-ST-ZIP SEMINOLE, FL 33777

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000788224
01/18/08-80032-021 150.00

**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: *Beverly A. Weingart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Photo #

1/15/08 (727) 548-8656