

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 657806

1. Entity Name
WEOCO, INC.



Principal Place of Business
**3305 CAPITAL CIRCLE NE
STE 205
TALLAHASSEE, FL 32308 US**

Mailing Address
**P.O. BOX 12279
TALLAHASSEE, FL 32317 US**

DO NOT WRITE IN THIS SPACE



01172004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2003323

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEAVER JR, J W
3305 CAPITAL CIRCLE NE
STE 205
TALLAHASSEE, FL 32308**

**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, 2004 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 WEAVER, J.W., JR.
STREET ADDRESS 3305 CAPITAL CIRCLE NE, STE. 205
CITY-ST-ZIP TALLAHASSEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000019042
01/29/04-80011-022 150.00

**DO NOT WRITE
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)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04

Date

850-531-0454

Daytime Phone If