


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 691482 1. Entity Name JAMES C. WEART, P.A.	
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Principal Place of Business 224 EAST MARKS ST. SUITE 4 ORLANDO, FL 32803 US	Mailing Address 224 EAST MARKS ST. SUITE 4 ORLANDO, FL 32803 US
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06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2116020	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WEART, JAMES C.
224 S. MARKS ST.
SUITE 4
ORLANDO, FL 32803**

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000172055
09/10/04-80001-009 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEART, JAMES C 132 PALMETTO STREET LAKE MARY, FL 32746
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(i), 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

James C. Weart
James C. Weart
President of P.A.

9/17/04

Date

407-843-0001
Daytime Phone #