


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 837924 1. Entity Name HOSEA O. WEAVER AND SONS, INC. |  |
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| Principal Place of Business 7450 HOWELLS FERRY RD. P.O. BOX 8039 MOBILE, AL 36618-3407 | Mailing Address P.O. BOX 8039 MOBILE, AL 36689 |
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03312005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 63-0567634 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE, FL 32301**

**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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MATHEWS, HENRY BEN 130 BEL AIR DR DOTHAN, AL 36303 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP WEAVER, PAUL E 240 SUFFOLK RD MOBILE, AL 36608 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MURPHY III, JOHN E 7433 MALLARD DR. MOBILE, AL 36695 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS SHELLEY, S. MARK 6741 ROLLING GREEN DR. MOBILE, AL 36695 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/02/05-80021-019 150.00

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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: *Hosea O. Weaver* March 31, 2005 (251)342-3025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #