
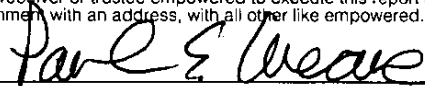


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90150 049 ***150.00

DOCUMENT # 837924 1. Entity Name HOSEA O. WEAVER AND SONS, INC.					
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	
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	4. FEI Number 63-0567634	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE, FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATHEWS, HENRY BEN		NAME		
STREET ADDRESS	130 BEL AIR DR		STREET ADDRESS		
CITY-ST-ZIP	DOTHAN, AL 36303		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEAVER, PAUL E		NAME		
STREET ADDRESS	240 SUFFOLK RD		STREET ADDRESS		
CITY-ST-ZIP	MOBILE, AL 36608		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY III, JOHN E		NAME	MURPHY III, JOHN E.	
STREET ADDRESS	7433 MALLARD DR.		STREET ADDRESS	1613 WOODS POINTE CIRCLE	
CITY-ST-ZIP	MOBILE, AL 36695		CITY-ST-ZIP	MOBILE, AL 36609	
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHELLEY, S. MARK		NAME		
STREET ADDRESS	6741 ROLLING GREEN DR.		STREET ADDRESS		
CITY-ST-ZIP	MOBILE, AL 36695		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEAVER, RAMONA G		NAME		
STREET ADDRESS	240 SUFFOLK RD		STREET ADDRESS		
CITY-ST-ZIP	MOBILE, AL 36608		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TILLERY, R. LEWIS		NAME		
STREET ADDRESS	6126 PHERIN WOODS CRT		STREET ADDRESS		
CITY-ST-ZIP	MOBILE, AL 36608		CITY-ST-ZIP		
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: 			April 22, 2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			251-342-3025		
PAUL E. WEAVER / PRESIDENT			Daytime Phone #		