2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 845194

1. Entity Name
WEIL BROTHERS-COTTON INCORPORATED

Principal Place of Business	Mailing Address
P. O. BOX 20100 MONTGOMERY, AL 36120	P. O. BOX 20100 MONTGOMERY, AL 36120

02152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0781716

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U00000641093
02/20/07 00092 022 150.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	WEIL, ROBERT S
STREET ADDRESS	3608 THOMAS AVE.
CITY-ST-ZIP	MONTGOMERY, AL 36106
TITLE	CD
NAME	WEIL II, ROBERT S
STREET ADDRESS	1250 GLEN GRATTEN
CITY-ST-ZIP	MONTGOMERY, AL 36106
TITLE	PD
NAME	WEIL III, ADOLPH
STREET ADDRESS	3200 COLLINE CLOSE
CITY-ST-ZIP	MONTGOMERY, AL 36106
TITLE	VST
NAME	CRABB, BARRY O
STREET ADDRESS	3575 WILEY ROAD
CITY-ST-ZIP	MONTGOMERY, AL 36106
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

Barry O. Crabb, Vice President

SIGNATURE: Barry O. Crabb 2/15/07 334-244-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #