

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001054

FILED
May 04, 2004
Secretary of State

Entity Name: WEBER ACCESSIBILITY SYSTEMS, INC.

Current Principal Place of Business:

527 HINESBURG ROAD
RICHMOND, VT 05477

New Principal Place of Business:

Current Mailing Address:

PO BOX 482
RICHMOND, VT 05477

New Mailing Address:

FEI Number: 03-0350877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANNES, KEVIN
140-B N.W. 11 STREET
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCT () Delete
Name: WEBER, ROBERT
Address: 527 HINESBURG ROAD
City-St-Zip: RICHMOND, VT 05477

Title: S () Delete
Name: CASSIDY, RICHARD
Address: 1000 MAIN ST., 2ND FL.
City-St-Zip: BURLINGTON, VT 05401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT WEBER

PCT

05/04/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date