


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91037 035 \*\*\*150.00

**DOCUMENT # F04743**  
 1. Entity Name  
**WEEKI WACHEE REAL ESTATE, INC.**




Principal Place of Business Mailing Address  
~~8061 CORTEZ BLVD~~  
~~WEEKI WACHEE FL 34607~~  
~~US~~  
~~8061 CORTEZ BLVD~~  
~~WEEKI WACHEE FL 34607~~  
~~US~~

2. Principal Place of Business 3. Mailing Address  
**4084 DELTONA BLVD** **4084 DELTONA BLVD**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**SPRING HILL, FL.** **SPRING HILL, FL.**  
 Zip Country Zip Country  
**34606** **HERNANDO** **34606** **HERNANDO**

11001000



MOORE CR2E034 (11/03)

4. FEI Number **59-2077623** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BOICE, LEONA**  
**12042 FIR CT.**  
**BROOKSVILLE FL 34613**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>BDO</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANIPH, ROSALIE P.N.</b>	NAME	
STREET ADDRESS	<b>8061 CORTEZ BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEEKI WACHEE FL 34607</b>	CITY-ST-ZIP	
TITLE	<b>DO</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILSON, WILLIAM</b>	NAME	
STREET ADDRESS	<b>8061 CORTEZ BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEEKI WACHEE FL 34607</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Leona Boice **4-24-04** **352-596-9393**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
LEONA BOICE