

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04743

**FILED**  
**Apr 25, 2005**  
**Secretary of State**

**Entity Name:** WEEKI WACHEE REAL ESTATE,INC.

**Current Principal Place of Business:**

4084 DELTONA BLVD  
SPRING HILL, FL 34606 US

**New Principal Place of Business:**

4169 LAMSON AVE.  
SUITE 100  
SPRING HILL, FL 34608 US

**Current Mailing Address:**

4084 DELTONA BLVD  
SPRING HILL, FL 34606 US

**New Mailing Address:**

4169 LAMSON AVE.  
SUITE 100  
SPRING HILL, FL 34608 US

**FEI Number:** 59-2077623      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOICE, LEONA  
12042 FIR CT.  
BROOKSVILLE, FL 34613 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: BDO ( ) Delete  
Name: HANIPH, ROSALIE Z.N.  
Address: 8061 CORTEZ BLVD  
City-St-Zip: WEEKI WACHEE, FL 34607

Title: DO (X) Delete  
Name: GILSON, WILLIAM  
Address: 8061 CORTEZ BLVD  
City-St-Zip: WEEKI WACHEE, FL 34607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: BDO (X) Change ( ) Addition  
Name: HANIPH, ROSALIE Z.N.  
Address: 4169 LAMSON AVE., SUITE 100  
City-St-Zip: SPRING HILL, FL 34608

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: LEONA BOICE

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

OWNE

04/25/2005

\_\_\_\_\_ Date