


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000004985


1. Entity Name
WEBER GROUP INC.



Principal Place of Business
**5233 PROGRESS WAY
SELLERSBURG, IN 47172**

Mailing Address
**5233 PROGRESS WAY
SELLERSBURG, IN 47172**

DO NOT WRITE IN THIS SPACE



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number 35-1998419	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CONTRACTOR BUSINESS SERVICES, INC.
15409 US HWY 19 N.
HUDSON, FL 34667**

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

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

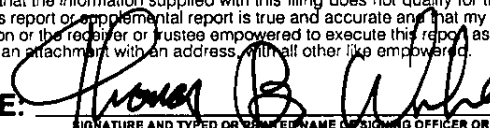
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEBER, THOMAS B.
STREET ADDRESS	3028 LEXINGTON RD.
CITY-ST-ZIP	LOUISVILLE, KY 40206
TITLE	VP
NAME	WEBER, DONALD J.
STREET ADDRESS	7109 COVERED BRIDGE RD.
CITY-ST-ZIP	PROSPECT, KY 40059
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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04/25/08-80057-012 158.75

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 its 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:  **Thomas B. Weber**
President **4-10-08 812-246-2100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #