


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F30816	
1. Entity Name WEED SYSTEMS, INC.	

Principal Place of Business 500 E UNIVERSITY AVENUE, STE A P O DRAWER 2759 GAINESVILLE, FL 32602-9759	Mailing Address 500 E UNIVERSITY AVENUE, STE A P O DRAWER 2759 GAINESVILLE, FL 32602-2759 US
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04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2088431	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SALZMAN, ANTHONY J. 500 E UNIVERSITY AVENUE, STE A P.O. DRAWER 2759 GAINESVILLE, FL 32602

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CURREY, WAYNE L. 154 ORANGE LANE HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CURREY, RUTH 154 ORANGE LANE HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/27/05-80030-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Wayne L. Curry President 4/25/05 (352) 481-0329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Wayne L. Curry