2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F43586

1. Entity Name
EUGENE A. WIECHENS, P.A.

Principal Place of Business	Mailing Address
445 NE 8TH AVE.	445 NE 8TH AVE.
OCALA, FL 34470 US	OCALA, FL 34470 US

DO NOT WRITE IN THIS SPACE

01182008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-2121228		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WIECHENS, EUGENE A
445 N.E. 8TH AVENUE
OCALA, FL 34470

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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00 .

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

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	WIECHENS, EUGENE A
STREET ADDRESS	445 NE 8TH AVE.
CITY-ST-ZIP	OCALA, FL 34470

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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U000000811896
02/12/08-80025-004 150.00

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 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: _____   2/1/08   352-732-8622

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