

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000004331

1. Entity Name
THE WEIDMAN COMPANY, INC.



Principal Place of Business
**15730 GLENDALE LANE
FT. MYERS, FL 33912 US**

Mailing Address
**15730 GLENDALE LANE
FT. MYERS, FL 33912 US**



04242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1235896

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WEIDMAN, LARRY G
15730 GLENDALE LANE
FORT MEYERS, FL 33912**

**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, 2004 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	P WEIDMAN, LARRY G 15730 GLENDALE LANE FT. MEYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST YOUNGLING, JEANETTE J 1830 EMBARKADARO N. FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WEIDMAN, HUBERT 517 EAST WASHINGTON PITTSBURG, PA 66762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV YOUNGLING, WILLIAM 1830 EMBARKADARO N. FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

0000000000
05/03/04-20071-001 150.00

**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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 239-489-2145
Date Daytime Phone #