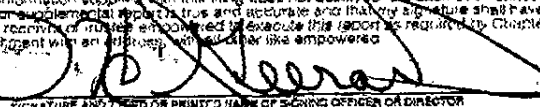


FROM :

FAX NO. :

Apr. 29 2004 09:05AM P2

FILED**May 05, 2004 08:00 AM****Secretary of State****2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F98000001473																										
1. Entity Name NU WEATHERSIDE OF PEORIA, INC.																										
Principal Place of Business 525 56TH STREET HOLMES BEACH, FL 34217		Mailing Address 525 56TH STREET HOLMES BEACH, FL 34217																								
DO NOT WRITE IN THIS SPACE																										
6. Name and Address of Current Registered Agent GEERAERTS, TED 525 56TH STREET HOLMES BEACH, FL 34217		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. (If registered agent signature required under photograph)																										
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 <table border="1"> <tr> <td>TITLE PT</td> <td>NAME GEERAERTS, TED</td> <td>STREET ADDRESS 525 56TH STREET</td> <td>CITY-ST-ZIP HOLMES BEACH, FL 34217</td> </tr> <tr> <td>TITLE VS</td> <td>NAME GEERAERTS, KATHLEEN T</td> <td>STREET ADDRESS 525 56TH STREET</td> <td>CITY-ST-ZIP HOLMES BEACH, FL 34217</td> </tr> <tr> <td>TITLE </td> <td>NAME </td> <td>STREET ADDRESS </td> <td>CITY-ST-ZIP </td> </tr> <tr> <td>TITLE </td> <td>NAME </td> <td>STREET ADDRESS </td> <td>CITY-ST-ZIP </td> </tr> <tr> <td>TITLE </td> <td>NAME </td> <td>STREET ADDRESS </td> <td>CITY-ST-ZIP </td> </tr> <tr> <td>TITLE </td> <td>NAME </td> <td>STREET ADDRESS </td> <td>CITY-ST-ZIP </td> </tr> </table>			TITLE PT	NAME GEERAERTS, TED	STREET ADDRESS 525 56TH STREET	CITY-ST-ZIP HOLMES BEACH, FL 34217	TITLE VS	NAME GEERAERTS, KATHLEEN T	STREET ADDRESS 525 56TH STREET	CITY-ST-ZIP HOLMES BEACH, FL 34217	TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP 	TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP 	TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP 	TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP
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TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP 																							
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 secretary 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 affidavit, or in any other like empowered. SIGNATURE:  04/28/04 #991-730-5045 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																										



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
37-0693286 Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

05/05/04-80013-021 150.00

**DO NOT WRITE
IN THIS SPACE**