


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90085 010 ***150.00

DOCUMENT # F98000006257					
1. Entity Name WEINER CORPORATION					
Principal Place of Business 4500 I-55 NORTH SUITE 213 MAGEE, MS 39111 US			Mailing Address 3501 DEL PRADO BLVD. STE 206 CAPE CORAL, FL 33904 US		
2. Principal Place of Business 4500 I-55 North Suite Suite, Apt. #, etc. 213		3. Mailing Address 3501 Del Prado Blvd., Suite 300 Suite, Apt. #, etc. Suite 300			
City & State Jackson, MS		City & State Cape Coral, FL		4. FEI Number 64-0509980	
Zip 39211		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEINER, LESTER E 3501 DEL PRADO BLVD. STE 206 CAPE CORAL, FL 39404			7. Name and Address of New Registered Agent Name Lester E. Weiner Street Address (P.O. Box Number is Not Acceptable) 3501 Del Prado Blvd., Suite 300 City Cape Coral FL Zip Code 33904		
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 <u>Lester E. Weiner, President</u> <u>LESTER E. WEINER, PRESIDENT</u> <u>2/13/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PS NAME WEINER, LESTER STREET ADDRESS 3501 DEL PRADO BLVD., #206 CITY-ST-ZIP CAPE CORAL, FL 33904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT NAME WEINER, ROBYN STREET ADDRESS 3501 DEL PRADO BV STE 206 CITY-ST-ZIP CAPE CORAL, FL 33904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 <u>Lester E. Weiner, President</u> <u>LESTER E. WEINER, PRESIDENT</u> <u>2/13/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			(239) 540-8333 <small>Date Daytime Phone #</small>		