## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

## **Secretary of State** DOCUMENT # G72057 02-09-2006 90035 012 \*\*\*158.75 1. Entity Name WEINAUG WOODLANDS, INC. Principal Place of Business Mailing Address 5200 IVEY RD NW ACWORTH GA 30101 BAY AND RIVER ROADS HILLIARD FL 32046 2. Principal Place of Busines 3. Mailing Address 170288 Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-2361397 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEINAUG, RAYMOND J JR: Street Address (P.O. Box Number is Not Acceptable) 170288 BÁY RD HILLIARD FL 32046 City Zip Code 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 (ogistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change WEINAUG, RAYMOND J.JR. NAME NAME STREET ADDRESS 5200 IVEY RD., NW STREET ADDRESS CITY-ST-ZIP ACWORTH GA 30101 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME WEINAUG, RAYMOND J JR NAME STREET ADDRESS 5200 IVEY RD NW STREET ADDRESS CITY-ST-ZIP ACWORTH GA 30101 CITY-ST-7IP TITLE \_ Delete TITLE Addition | NAME NAME WEINAUG, RAYMOND J JR STREET ADDRESS STREET ADDRESS 7155 ROSWELL RD, UNIT 14 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30328 TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED

Feb 09, 2006 8:00 am