


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90095 020 ***150.00

DOCUMENT # H35231 1. Entity Name WEISS BUILDING CENTER, INC.					
Principal Place of Business 209 W. GREEN ST. PO BOX 780 PERRY, FL 32347			Mailing Address PO BOX 780 PO BOX 780 PERRY, FL 32348 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2490599	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WEISS, CHERYL R 127 BULLEN PERRY, FL 32347				7. Name and Address of New Registered Agent Name Cheryl R. Weiss Street Address (P.O. Box Number is Not Acceptable) 8950 Winged Foot Dr. City Tallahassee FL Zip Code 32312	
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>Cheryl R. Weiss</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-12-05</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEISS, KARL R. 127 BULLEN PERRY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS WEISS, CHERYL R. 127 BULLEN PERRY, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Weiss, Karl R. 8950 Winged Foot Dr. Tallahassee, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS Weiss, Cheryl R. 8950 Winged Foot Dr. Tallahassee, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Weiss, Karl R. 8950 Winged Foot Dr. Tallahassee, FL 32312	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS Weiss, Cheryl R. 8950 Winged Foot Dr. Tallahassee, FL 32312	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS Weiss, Cheryl R. 8950 Winged Foot Dr. Tallahassee, FL 32312	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Cheryl R. Weiss</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4-12-05</u> <small>Date</small>		<u>850 584-5515</u> <small>Daytime Phone #</small>