


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # H61962 1. Entity Name ALLEMAN-WEIDEMAN, INC.	
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Principal Place of Business 2530 55TH STREET S.W. NAPLES, FL 34116	Mailing Address 2530 55TH STREET S.W. NAPLES, FL 34116
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DO NOT WRITE IN THIS SPACE



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2561867	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEMAN, DAVID M.
1067 HILLTOP DRIVE
NAPLES, FL 34103

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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 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 ALLEMAN, DAVID M. 1067 HILLTOP DRIVE NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEMAN, MARSHA D. 1067 HILLTOP DRIVE NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEIDEMAN, JOHN R. 2530 55TH STREET S.W. NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEIDEMAN, SALLY 2530 55TH STREET S.W. NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/15/08-80013-004 150.00

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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: John R. Weideman JOHN R. WEIDEMAN SR 4-1-08 1-239-455-1478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #