



2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-14-2005 90011 030 ***150.00

DOCUMENT # H95265 1. Entity Name A WEED WACKER, INC.					
Principal Place of Business 7662 COCONUT BLVD. W. PALM BCH., FL 33412				Mailing Address 7662 COCONUT BLVD. W. PALM BCH., FL 33412	
2. Principal Place of Business 500 HAVERHILL Rd N Suite, Apt. #, etc. # A		3. Mailing Address 500 HAVERHILL Rd N. Suite, Apt. #, etc. # A			
City & State HAVERHILL - FL		City & State HAVERHILL - FL		01112005 Chg-P CR2E034 (10/03)	
Zip 33415		Country USA		4. FEI Number 65-0104168	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ESTEY, CATHERINE MARIE 7662 COCONUT BLVD. W. PALM BCH., FL 33412			7. Name and Address of New Registered Agent Name Catherine Marie Estey Street Address (P.O. Box Number is Not Acceptable) 500 Haverhill Rd N # A City HAVERHILL FL Zip Code 33415		
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>Catherine Marie Estey</u> 1-12-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
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	ST ESTEY, CATHERINE MARIE 7662 COCONUT BLVD. W. PALM BCH., FL 33412		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESTEY, CATHERINE MARIE 7662 COCONUT BLVD. W. PALM BCH., FL 33412		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTEY, LAWRENCE E. 7662 COCONUT BLVD. W. PALM BCH., FL 33412		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address Change 500 Haverhill Rd N # A HAVERHILL, FL 33415	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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>Catherine Marie Estey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-12-05 (561) 791-7447 <small>Date Daytime Phone #</small>		