

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 06, 2008 08:00 AM
Secretary of State**

DOCUMENT # H95265

1. Entity Name
A WEED WACKER, INC.



Principal Place of Business

**500 HAVERHILL RD
#A
HAVERHILL, FL 33415**

Mailing Address

**500 HAVERHILL RD
#A
HAVERHILL, FL 33415**



01122008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0104168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ESTEY, CATHERINE M
500 HAVERHILL RD
A
HAVERHILL, FL 33415**

**DO NOT WRITE
IN THIS SPACE**

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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**

**0000000817609
02/15/08-80010-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE **ST**
NAME **ESTEY, CATHERINE M**
STREET ADDRESS **500 HAVERHILL RD # A**
CITY-ST-ZIP **HAVERHILL, FL 33415**

TITLE **PD**
NAME **ESTEY, CATHERINE M**
STREET ADDRESS **500 HAVERHILL RD # A**
CITY-ST-ZIP **HAVERHILL, FL 33415**

TITLE **D**
NAME **ESTEY, LAWRENCE E**
STREET ADDRESS **500 HAVERHILL RD # A**
CITY-ST-ZIP **HAVERHILL, FL 33415**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Catherine Estey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/08
Date

561-791-7447
Daytime Phone #