

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # J24601	
1. Entity Name WEATHERFORD'S, INC.	

Principal Place of Business % DAVID B. DODSON 3009 E. CERVANTES STREET PENSACOLA FL 32503-3420	Mailing Address % DAVID B. DODSON 3009 E. CERVANTES STREET PENSACOLA FL 32503-3420
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2706649	Applied For ☐ Not Applicable
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent DODSON, DAVID B. 3009 E. CERVANTES STREET PENSACOLA FL 32503-3420	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DODSON, DAVID B. 1709 E. GONZALEZ STREET PENSACOLA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000844215 03/12/08-80027-012 150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODSON, PEGGY B. 4825 ANDRADE PENSACOLA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE:

David B. Dodson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID B. DODSON PRESIDENT 1-22-08

850-437-2822