

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # J27687

1. Entity Name
WEITZEL AND ASSOCIATES, INC.



Principal Place of Business
**% KENT C. WEITZEL
808 NW 35 STREET
OCALA, FL 34475**

Mailing Address
**% KENT C. WEITZEL
808 NW 35 STREET
OCALA, FL 34475**



02262006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2705280

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WEITZEL, KENT C.
808 NW 35 STREET
OCALA, FL 34475**

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, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	WEITZEL, KENT C.
STREET ADDRESS	808 NW 35 STREET
CITY-ST-ZIP	OCALA, FL 34475
TITLE	ST
NAME	WEITZEL, SUZANNE
STREET ADDRESS	808 NW 35 STREET
CITY-ST-ZIP	OCALA, FL 34475
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000460365
03/20/06-80006-023 150.00

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: *Suzanne Weitzel* **3/3/06** **352-671**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #