

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90202 025 \*\*\*150.00

**66007018**



1st MOORE CR2E034 (10/04)

<b>DOCUMENT # K26057</b> 1. Entity Name <b>ELAINE WEBER DESIGNS, INC.</b>					
Principal Place of Business <b>1023 NORTH O STREET LAKE WORTH FL 33460 US</b>			Mailing Address <b>1023 NORTH O STREET LAKE WORTH FL 33460 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0058365</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WEBER, ELAINE</b> <b>1024 N PALM WAY SUITE #104</b> <b>LAKE WORTH FL 33460</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 50%;">         9. Election Campaign Financing <b>\$5.00</b> May Be          Trust Fund Contribution <input type="checkbox"/> Added to Fees       </div> </div>					
10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	DP	WEBER, ELAINE	1023 NORTH O STREET LAKE WORTH FL 33460		
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.					
<b>SIGNATURE:</b> <u>Elaine Weber</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>3/17/05</u> <u>561-585-7455</u> <small>Date Daytime Phone #</small>	