2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 18, 2005 8:00 am Secretary of State

1. Entity Name WEAVER GALLERY, INC.							05-18-2005 9	90027 015	***150	.00
Principal Plac 6972 TYRON ST. PETERSE		0	Mailing Address 1702 CORDOVA ROAD SUITE 2 FT. LAUDERDALE, FL 33316		- - - - 1 (0 0 1740) (1 0 18 10	9 88 1 10 1 70 80	I BEBRI BEBRI BEBRI I	IIIKI IIIKI SIR	 	
2. Principal Place of Business 3.			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		04282005	Chg-P	CR2E034	4 (10/03)		
City & State			City & State		4. FEI Number 59-3025	729		→	plied For t Applicable	
Zip	Country		Zip	Cour	ntry	5. Certificate of	Status Desired		8.75 Add	
	6. Name and	d Address of Current			7. Name and A	ddress of New R	egistered Ag	ent		
<u>_</u>					Name .					
WEAVER, JOHN E 6972 TYRONE SQUARE ST PETERSBURG, FL 33710					Street Address (P.O. Box Number is Not Acceptable)					
STELLE	SBUNG, FL	33710								
					City			FL	Zip Cod	е
8. The above the obligat	named entity su ions of registered	bmits this statement for d agent.	r the purpose of changing	its register	red office or registe	red agent, or both,	in the State of Fig	orida. I am far	miliar with,	and accept
SIGNATURE	Signature, typed or pri	inted name of registered agent a	and title if applicable. (N	IOTE: Registere	ed Agent signature require	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						.00 May Be			<u> </u>	 -
10,		OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND D	RECTOR	S IN 11
TITLE	Р		☐ Delete TITLE		E				Change	Addition
NAME	WEAVER, JO		NAME		-					
STREET ADDRESS CITY-ST-ZIP		VENUE NORTH JRG, FL 33710			EET ADORESS '-ST-ZIP					
TITLE	VST	5110,112 00110	☐ Delete	TITL					7 0>	
NAME	WEAVER, JU	лтн	Delete NAME		l			ι	☐ Change	☐ Addition
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP	ST PETERSBURG, FL 33710			CITY	'-\$T-ZIP					
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NAME			L Delete	NAM	i			L	_] Change	☐ Addition
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP CITY- 12. I hereby certify that the information supplied with this filing does not qualify for the exer					-ST-ZIP					
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12. Thereby 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: _

USE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-05 724 424 545