



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L86249 1. Entity Name WEAVER'S PULPWOOD, INC.			
Principal Place of Business 6300 CHESTNUT ROAD MOLINO, FL 32577 US		Mailing Address 6300 CHESTNUT ROAD MOLINO, FL 32577 US	
DO NOT WRITE IN THIS SPACE			
		04222004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3019324	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEAVER, ARCHIE L. 6300 CHESTNUT RD. MOLINO, FL		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		UN00000150690 05/04/04-80016-003 150.00	
TITLE	P	DO NOT WRITE IN THIS SPACE	
NAME	WEAVER, ARCHIE L.		
STREET ADDRESS	6300 CHESTNUT RD.		
CITY- ST- ZIP	MOLINO, FL		
TITLE	V		
NAME	WEAVER, CHERYL A.		
STREET ADDRESS	6300 CHESTNUT RD.		
CITY- ST- ZIP	MOLINO, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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.			
SIGNATURE: <i>Cheryl Weaver</i> <i>Cheryl Weaver Vice President</i>		4-29-01	850 581-5685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #