

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90037 032 ****61.25

DOCUMENT # N05000001256

1. Entity Name
WEEZIE'S PRODUCTIONS, INC.



Principal Place of Business
**220 VIRGINIA AVENUE
COCOA, FL 32922**

Mailing Address
**220 VIRGINIA AVENUE
COCOA, FL 32922**

60007643



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102006 Chg-NP CR2E037 (11/05)

4. FEI Number

20-2479480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, THERESA SEC
3610 CATALINE DR
COCOA, FL 32926**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3610 Catalina Drive

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DC ☐ Delete
NAME **MARTIN, DEBRA**
STREET ADDRESS **372 JOHNSON BLVD**
CITY-ST-ZIP **COCOA, FL 32922**

TITLE DS ☐ Delete
NAME **ROBINSON, THERESA**
STREET ADDRESS **3610 CATALINA DR**
CITY-ST-ZIP **COCOA, FL 32926**

TITLE D ☐ Delete
NAME **BATTLE, IZEAL**
STREET ADDRESS **325 BURNETT RD**
CITY-ST-ZIP **COCOA, FL 32926**

TITLE D ☐ Delete
NAME **BROWN, BETTY**
STREET ADDRESS **1430 DIXON BLVD**
CITY-ST-ZIP **COCOA, FL**

TITLE D ☐ Delete
NAME **FAIN, LOUISE**
STREET ADDRESS **220 VIRGINIA AVENUE**
CITY-ST-ZIP **COCOA, FL 32922**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louise Fain

Date

Daytime Phone #

1-21-06 321633-1793