


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 A
Secretary of State

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	



01252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2479480	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 ROBINSON, THERESA SEC 3610 CATALINA DR COCOA, FL 32926	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BURNS, LEROY 1805 HIDDEN LAKE DR ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROBINSON, THERESA 3610 CATALINA DR COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAULL, BETTY 6905 RACCOON COURT VIERA, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVES, MARGIE 987 ALSUP DR ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIN, LOUISE 220 VIRGINIA AVENUE COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/15/08-80092-003 61.25

DO NOT WRITE IN THIS SPACE

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: *Louise Fain* *February 5, 2008* *321633-1793*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #