2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 28, 2004 08:00 AM Secretary of State DOCUMENT # P00000004241 BART L. WEAVER & SONS INC. Principal Place of Business Mailing Address 1135 NE 5 AVE 1325 DEL PRADO BLVD CAPE CORAL, FL 33990 CAPE CORAL, FL 33909 02172004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 65-0967467 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CARY, DAVID W 1325-C DEL PRADO BLVD CAPE CORAL, FL 33990 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, i n the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME WEAVER, BART L STREET ADDRESS 1135 NE 5 AVE U00000134347 04/28/04-80015-017 150.00 CITY-ST-73P CAPE CORAL, FL 33909 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information in it 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. I further certify that the information in it made under oath; that I am an officer or director of the corporation or the receiver and accurate and that my signature shall have the same legal effect as of the corporation or the receiver and accurate and that my signature shall have the same legal effect as of the corporation or the receiver and accurate and that my signature shall have the same legal effect as of the corporation or the receiver and accurate and that my signature shall have the same legal effect as of the corporation or the receiver and accurate and that my signature shall have the same legal effect as of the corporation or the receiver and th of the corporation or the reserved changed, or on an attachment with an

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Date

Daytime Phone #

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