

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90057 019 \*\*\*150.00

DOCUMENT # P01000029613

1. Entity Name

MICHAEL L. WEIMORTS, P.A.



Principal Place of Business

4507 FURLING LN.  
 STE. 209, THE PLAZA  
 DESTIN FL 32541

Mailing Address

4507 FURLING LN.  
 STE. 209, THE PLAZA  
 DESTIN FL 32541

2. Principal Place of Business

4507 FURLING LANE

3. Mailing Address

Same

Suite, Apt. #, etc.

STE 209

Suite, Apt. #, etc.

City & State

DESTIN, FL

City & State

Zip

32541

Country

OKALDOSA

Zip

Country

4. FEI Number

59-3727905

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

WEIMORTS, MICHAEL L ESQ  
 4507 FURLING LN.  
 STE. 209, THE PLAZA  
 DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

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

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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	<input type="checkbox"/> Delete
PSD	WAIMOUTS, MICHAEL L	THE PLAZA STE 209	ZEPHYRHILLS FL 33541	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PSD	Michael L. Weimorts	4507 FURLING LANE, STE 209	DESTIN, FLORIDA 32541	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Michael L. Weimorts* Michael L. Weimorts, P.A. 2/8/05 850.654.8806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #