

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000079996

1. Entity Name
WEATHER MARK, INC.



Principal Place of Business
**2644 E. OAKLAND PARK BOULEVARD
FT. LAUDERDALE, FL 33306**

Mailing Address
**2644 E. OAKLAND PARK BOULEVARD
FT. LAUDERDALE, FL 33306**



04132006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1135465

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**IRWIN, MARK
2644 E. OAKLAND PARK BOULEVARD
FT. LAUDERDALE, FL 33306**

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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

**U00000513306
04/29/06-80121-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUSH, JANICE P
STREET ADDRESS	2644 E. OAKLAND PARK BOULEVARD
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	VD
NAME	WRIGHT, JAMES
STREET ADDRESS	2644 E. OAKLAND PARK BOULEVARD
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	STD
NAME	IRWIN, MARK
STREET ADDRESS	2644 E. OAKLAND PARK BOULEVARD
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	D
NAME	RISH, MICHAEL J
STREET ADDRESS	2644 E. OAKLAND PARK BOULEVARD
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	D
NAME	HUNTER, FRANK
STREET ADDRESS	2644 E. OAKLAND PARK BOULEVARD
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-06

954-465-6022

Date

Original Phone #