


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 08, 2005 8:00 am
Secretary of State

04-26-2005 90178 034 ***150.00

DOCUMENT # P01000092806	
1. Entity Name WACKY WEAVERS, INC.	

Principal Place of Business 10302 SEDGEBROOK PLACE RIVERVIEW, FL 33569 6530 Bimini Ct. Apollo Beach, FL 33572	Mailing Address 10302 SEDGEBROOK PLACE RIVERVIEW, FL 33569 PO Box 426 RIVERVIEW, FL 33568
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66022188



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3754417	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 WEAVER, DON 10302 SEDGEBROOK PLACE RIVERVIEW, FL 33569 6530 Bimini Ct., Apollo Beach FL 33572	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: REBECCA WEAVER STD, Rebecca Weaver 4/19/05
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	PD WEAVER, DON 6530 Bimini Ct. Apollo Beach, FL 10302 SEDGEBROOK PLACE RIVERVIEW, FL 33569 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEAVER, REBECCA 6530 Bimini Ct. Apollo Beach, FL 10302 SEDGEBROOK PLACE RIVERVIEW, FL 33569 33572
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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 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: Rebecca Weaver REBECCA WEAVER STD 4/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

cell. 863-381-1129