2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000001024

1. Entity Name
THOMAS WEAVER, INC.

Principal Place of Business	Mailing Address
16061 SIESTA DRIVE FT. MYERS, FL 33908	16061 SIESTA DRIVE FT. MYERS, FL 33908

DO NOT WRITE IN THIS SPACE

01132008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
26-0002136		Not Applicable

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

6. Name and Address of Current Registered Agent

WEAVER, THOMAS JAMES
16061 SIESTA DRIVE
FT. MYERS, FL 33908

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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
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, 2008 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	WEAVER, THOMAS JAMES
STREET ADDRESS	16061 SIESTA DRIVE
CITY-ST-ZIP	FT. MYERS, FL 33908

TITLE	
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CITY-ST-ZIP	

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02/14/08-80014-008 158.75

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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: _____   Jan 31 08   239-292-3558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #