

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000037297

1. Entity Name
WEIMER MECHANICAL SERVICES, INC.



Principal Place of Business
**824 BLUE HERON BLVD
RUSKIN, FL 33570**

Mailing Address
**824 BLUE HERON BLVD
RUSKIN, FL 33570**



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0699877

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEIMER, SUSAN J
824 BLUE HERON BLVD
RUSKIN, FL 33570**

**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 _____

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 **V**
NAME **WEIMER, SUSAN J**
STREET ADDRESS **824 BLUE HERON BLVD**
CITY-ST-ZIP **RUSKIN, FL 33570**

TITLE **P**
NAME **WEIMER, ROBERT M**
STREET ADDRESS **824 BLUE HERON BLVD**
CITY-ST-ZIP **RUSKIN, FL 33570**

TITLE **TD**
NAME **WEIMER, ROBERT R**
STREET ADDRESS **1613 EAST SHELLPOINT RD**
CITY-ST-ZIP **RUSKIN, FL 33570**

TITLE **S**
NAME **HAYES, DEBORAH**
STREET ADDRESS **6009 GOLF AND SEA BLVD.**
CITY-ST-ZIP **APOLLO BEACH, FL 33572**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000857535
04/01/08-80007-022 158.75

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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: Susan J. Weimer **Susan J. Weimer** 3-10-08 813-645-2258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #