

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90418 036 ***150.00

DOCUMENT # P02000038544

1. Entity Name
WEIS-FRICKER MAHOGANY COMPANY INC.



Principal Place of Business
**7920 SUMMER RIDGE PLACE
ORLANDO, FL 32819**

Mailing Address
**7920 SUMMER RIDGE PLACE
ORLANDO, FL 32819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192004

Chg-P

CR2E034 (10/03)

4. FEI Number

38-3646324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BASS AND SANDFORT ACCO UNTANTS PA
1301 WEST GARDEN STREET
PENSACOLA, FL 32501**

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 is required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PSTD
WEIS, TERRY
7920 SUMMER RIDGE PLACE
ORLANDO, FL 32819**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VD
WEIS, MICHAEL
7920 SUMMER RIDGE PLACE
ORLANDO, FL 32819**

☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP

☐ Change

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CITY- ST- ZIP

☐ Change

☐ Addition

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 907, 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: H. Michael Weis 4/28/04 4078766781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone