


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90097 034 \*\*\*150.00

<b>DOCUMENT # P02000075873</b> 1. Entity Name D. L. WEISS, CPA, PA					
Principal Place of Business 2785 S BAY STREET STE D EUSTIS, FL 32726			Mailing Address 2785 S BAY STREET STE D EUSTIS, FL 32726		
2. Principal Place of Business - No P.O. Box # <b>14229 US Hwy 441</b> Suite, Apt. #, etc.		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.			
City & State <b>Tavares FL</b> Zip <b>32778</b>		City & State  Zip  Country		4. FEI Number <b>22-3860685</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				05022007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent WEISS, DAVID L 2785 S BAY ST D EUSTIS, FL 32726			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>14229 US Hwy 441</b> City <b>Tavares</b> <b>FL</b> Zip Code <b>32778</b>		
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 <u>David L. Weiss</u> <b>David L. Weiss</b> <b>5/1/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISS, DAVID L 2785 S BAY ST, D EUSTIS, FL 32726	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISS, DAVID L 2785 S BAY ST, D EUSTIS, FL 32726	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISS, DAVID L 2785 S BAY ST, D EUSTIS, FL 32726	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISS, DAVID L 2785 S BAY ST, D EUSTIS, FL 32726	<input type="checkbox"/> Delete			
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 <u>David L. Weiss</u> <b>David L. Weiss</b> <b>5/1/07</b> <b>352-742-9432</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					