

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90019 021 ***150.00

DOCUMENT # P02000100408

1. Entity Name
GENE WEAVER WHOLESALE INCORPORATED



Principal Place of Business
**488 WEST Highbanks Road, LOT 140
DEBARY, FL 32728**

Mailing Address
**P.O. BOX 6385
DELTONA, FL 32728-6385**

50005630



2. Principal Place of Business - No P.O. Box #
2401

3. Mailing Address
PO Box 6385

Suite, Apt., etc.
Candlewick ST

Suite, Apt., etc.
Deltona FL

City & State
Deltona, FL

City & State

Zip
32738

Country
Volusia

Zip
32728

Country
Volusia

04282008 Chg-P CR2E034 (12/06)

4. FEI Number
54-2107571

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEAVER, RAY E OWNER
488 WEST Highbanks Road, LOT 140
DEBARY, FL 32728**

7. Name and Address of New Registered Agent

Name **Gene Weaver**
Street Address (P.O. Box Number is Not Acceptable)
2401 candlewick st
Deltona, FL 32738
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 **Gene Weaver**
Signature, typed or printed name of registered agent and title if applicable

Gene Weaver
(NOTE: Registered Agent signature required when reinstating)

5/12/08
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 NAME STREET ADDRESS CITY - ST - ZIP	PSTD WEAVER, RAY E 488 WEST Highbanks Road, LOT 140 DEBARY, FL 32728	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Gene Weaver**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/08
Date

Daytime Phone #