2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000001398

1. Entity Name
WEATHERSEARCH, INC.

Principal Place of Business	Mailing Address
10821 HALFMOON SHOAL RD., STE. #202 BONITA SPRINGS, FL 34135	10821 HALFMOON SHOAL RD., STE. #202 BONITA SPRINGS, FL 34135

01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2309794

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000006980072
01/10/06-80047-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	PAPP, JOHN
STREET ADDRESS	10821 HALFMOON SHOAL RD., STE. #202
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	D
NAME	RAPOPORT, JOHN
STREET ADDRESS	10821 HALFMOON SHOAL RD., STE. #202
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	S
NAME	PAPP, ALICE
STREET ADDRESS	10821 HALFMOON SHOAL RD., STE.#202
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: John Papp (JOHN PAPP) 01-05-06 239-949-7028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #