



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 15, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90007 027 \*\*\*550.00

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<b>DOCUMENT # P03000003419</b>					
1. Entity Name <b>WEIGEL &amp; ASSOCIATES, INC.</b>					
Principal Place of Business 13903 PATHFINDER DR. TAMPA FL 33625			Mailing Address 13903 PATHFINDER DR. TAMPA FL 33625		
2. Principal Place of Business <b>2901-W. Busch Blvd.</b>		3. Mailing Address <b>PO Box 341843</b>		<b>66433697</b>    MOORE CR2E034 (4/04)	
Suite, Apt. #, etc. <b>501</b>		Suite, Apt. #, etc.			
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>			
Zip <b>33618</b>		Zip <b>33694</b>			
Country <b>Hillsborough</b>		Country <b>Hillsborough</b>		4. FEI Number <b>62-1169981</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>WEIGEL, JEANNE</b> <b>13903 PATHFINDER DR.</b> <b>TAMPA FL 33625</b>				7. Name and Address of New Registered Agent Name <b>Jeanne C. Weigel</b> Street Address (P.O. Box Number is Not Acceptable) <b>13903-Pathfinder Drive</b> City <b>Tampa</b> FL Zip Code <b>33625</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 <i>Jeanne C. Weigel</i> <b>Jeanne C. Weigel</b> <b>9.12.04</b> DATE					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 8, 2004</b> <b>Make Check Payable to Florida Department of State</b>		§ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		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	<b>President</b> <b>Jeanne C. Weigel</b> <b>13903-Pathfinder Dr, TPA 33625</b>	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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 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: <i>Jeanne C. Weigel</i> <b>Jeanne C. Weigel</b> President			<b>9.12.04</b> <b>813-294-1931</b> Date Daytime Phone #		