2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Jun 20, 2006 8:00 am
Secretary of State

05-01-2006 90292 050 ***150.00

DOCUMENT # P03000102628

1. Entity Name

MICHAEL T. WEIKEL CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
~~1801 SALVADORE STREET~~ DELAND FL 32720	~~1801 SALVADORE STREET~~ DELAND FL 32720

2. Principal Place of Business	3. Mailing Address
1885 Whippoorwill Lane Suite, Apt. #, etc.	1885 Whippoorwill Ln Suite, Apt. #, etc.
City & State: DeLand FL	City & State: DeLand FL
Zip: 32720 Country: Volusia	Zip: 32720 Country: Volusia

1st MOORE CR2E034 (10/05)

4. FEI Number: 55-0846751 — 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
WEIKEL, MICHAEL T 1801 SALVADORE STREET DELAND FL 32720	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 _____ 4/18/06

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

FILE NOW! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	PVST WEIKEL, MICHAEL T 1801 SALVADORE STREET DELAND FL 32720 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 any address, with all other like empowered.

SIGNATURE: X _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #