


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90031 028 \*\*\*150.00

<b>DOCUMENT #</b> P03000118565	
<b>1. Entity Name</b> WEBER BROTHERS CONSTRUCTION COMPANY, INC.	

<b>Principal Place of Business</b> P.O. BOX 530341 DEBARY FL 32753	<b>Mailing Address</b> P.O. BOX 530341 DEBARY FL 32753
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

<b>4. FEI Number</b> 55-0851706	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  WEBER, WILLIAM L III 268 MAPLE CT OVIEDO FL 32765
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<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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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.

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> PT <input type="checkbox"/> Delete	<b>NAME</b> WEBER, WILLIAM L III
<b>STREET ADDRESS</b> P.O. BOX 530341	<b>CITY-ST-ZIP</b> DEBARY FL 32753
<b>TITLE</b> VS <input checked="" type="checkbox"/> Delete	<b>NAME</b> WEBER, JAMES M
<b>STREET ADDRESS</b> P.O. BOX 530341	<b>CITY-ST-ZIP</b> DEBARY FL 32753
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> Weber, William L III
<b>STREET ADDRESS</b> P.O. Box 530341	<b>CITY-ST-ZIP</b> Debarry FL 32753
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

**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 an address, with all other like empowered.

<b>SIGNATURE:</b>  William L Weber III	<b>Date</b> 4-21-08	<b>Daytime Phone #</b> 863-307-1044
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