


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000133328		
1. Entity Name WEISSE CONSTRUCTION, INC.		
Principal Place of Business 4110 KENSINGTON AVE. TAMPA, FL 33629	Mailing Address 4110 KENSINGTON AVE. TAMPA, FL 33629	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent WEISSE, MARSHA CPA 1111 N. WESTSHORE BLVD. TAMPA, FL 33607		DO NOT WRITE IN THIS SPACE
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 <u><i>Marsha Weisse</i></u> DATE <u>4/30/05</u> <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISSE, JOHN 4110 KENSINGTON AVE. TAMPA, FL 33629	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>John Weisse</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>5/2/05</u> Daytime Phone # <u>813-598-6705</u>



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2416084	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000362249
05/05/05-80109-018 150.00

**DO NOT WRITE
IN THIS SPACE**