


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90304 015 \*\*\*150.00

DOCUMENT # P03000144147					
1. Entity Name WEBER & ASSOCIATES, INC.					
Principal Place of Business 228 LOTUS DR SAFETY HARBOR, FL 34695-4718			Mailing Address 228 LOTUS DR SAFETY HARBOR, FL 34695-4718		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0712527 <input type="checkbox"/> Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
WEBER, ROBERT J 228 LOTUS DR SAFETY HARBOR, FL 34695-4718				7. Name and Address of New Registered Agent	
				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBER, ROBERT J		NAME	<b>SEE ATTACHMENT FOR CHANGE AND ADDITIONS</b>	
STREET ADDRESS	228 LOTUS DR		STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR, FL 346954718		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Robert J. Weber</i>		PRESIDENT		04/24/05 (121) 726-8711	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

# ATTACHMENT

H0068686

## ATTACHMENT TO 2005 FOR PROFIT ANNUAL REPORT

DOCUMENT #P03000144147

I. ENTITY NAME  
WEBER & ASSOCIATES, INC.

11.

TITLE	<u>P/C/T</u>	<u>CHANGE</u>
NAME	WEBER, ROBERT J	
STREET ADDRESS	228 LOTUS DR	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695 4718	

TITLE	<u>V</u>	<u>ADDITION</u>
NAME	<u>WEBER, ROBERTA L</u>	
STREET ADDRESS	<u>228 LOTUS DR</u>	
CITY-ST-ZIP	<u>SAFETY HARBOR, FL 34695 4718</u>	

TITLE	<u>V</u>	<u>ADDITION</u>
NAME	<u>WEBER, CHRISTINE L</u>	
STREET ADDRESS	<u>228 LOTUS DR</u>	
CITY-ST-ZIP	<u>SAFETY HARBOR, FL 34695 4718</u>	