## 2005 FOR PROFIT CORPORATION

## ANNUAL REPORT

## **DOCUMENT # P03000144147**

of the corporation or the received changed, or on an attachment

SIGNATURE:



**FILED** 

Apr 27, 2005 8:00 am Secretary of State

04-27-2005 90304 015 \*\*\*150.00 1. Entity Name WEBER & ASSOCIATES, INC. Principal Place of Business Mailing Address 228 LOTUS DR 228 LOTUS DR SAFETY HARBOR, FL 34695-4718 SAFETY HARBOR, FL 34695-4718 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04242005 CR2E034 (10/03) Cha-P City & State 4 FFI Number Applied For City & State 02-0712527 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEBER, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 228 LOTUS DR SAFETY HARBOR, FL 34695-4718 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. SIGNATÜRE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Change ☐ Addition TITLE TITLE WEBER, ROBERT J NAME NAME SEE ATTACHMENT FOR STREET ADDRESS 228 LOTUS DR STREET ADDRESS CHANGE AND ADDITIONS SAFETY HARBOR, FL 346954718 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITI F TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 supplier entire 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 receive 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

PESIDENT

## ATTACHMENT

**ATTACHMENT TO 2005** FOR PROFIT ANNUAL REPORT H0068686

DOCUMENT #P03000144147 I. ENTITY NAME WEBER & ASSOCIATES, INC.

11.

TITLE

NAME

P/C/T WEBER, ROBERT J

STREET ADDRESS

CITY-ST-ZIP

228 LOTUS DR SAFETY HARBOR, FL 34695 4718

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

WEBER, ROBERTA L

228 LOTUS DR

SAFETY HARBOR, FL 34695 4718

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

WEBER, CHRISTINE L

228 LOTUS DR

SAFETY HARBOR, FL 34695 4718

**CHANGE** 

**ADDITION** 

ADDITION