

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000152400

1. Entity Name
WEAVER CONSTRUCTION AND REMODELING, INC.



Principal Place of Business
**3823 GRAND AVENUE
DELAND, FL 32720**

Mailing Address
**3823 GRAND AVENUE
DELAND, FL 32720**



04042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3898905

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KELLY, BETTY W
843 N. WOODLAND BLVD.
DELAND, FL 32720**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEAVER, MARK A
STREET ADDRESS	3823 GRAND AVENUE
CITY-STATE-ZIP	DELAND, FL 32720
TITLE	VP
NAME	WEAVER, MARK A
STREET ADDRESS	3823 GRAND AVENUE
CITY-STATE-ZIP	DELAND, FL 32720
TITLE	TR
NAME	WEAVER, MERRY
STREET ADDRESS	3823 GRAND AVENUE
CITY-STATE-ZIP	DELAND, FL 32720
TITLE	SEC.
NAME	WEAVER, MERRY
STREET ADDRESS	3823 GRAND AVENUE
CITY-STATE-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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05/04/07-80019-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark A. Weaver 4-7-07 386/740-0400