

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90010 047 ***150.00

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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



03042008 Chg-P CR2E034 (12/06)

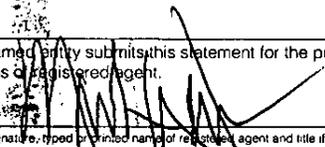
4. FEI Number
22-3898905 Applied For
 Not Applicable

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**

7. Name and Address of New Registered Agent
 Name
MARK A. WEAVER
 Street Address (P.O. Box Number is Not Acceptable)
3823 GRAND AVENUE
 City **DELAND** FL Zip Code **32720**

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  DATE **4-18-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

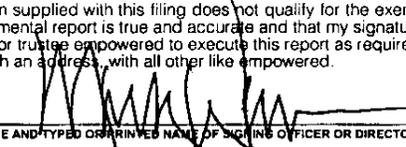
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WEAVER, MARK A	
STREET ADDRESS	3823 GRAND AVENUE	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEAVER, MARK A	
STREET ADDRESS	3823 GRAND AVENUE	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	TR	<input type="checkbox"/> Delete
NAME	WEAVER, MERRY	
STREET ADDRESS	3823 GRAND AVENUE	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	SEC.	<input type="checkbox"/> Delete
NAME	WEAVER, MERRY	
STREET ADDRESS	3823 GRAND AVENUE	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:  DATE **4-18-08** DAYTIME PHONE # **386/740-0400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #