

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90082 036 ***150.00

DOCUMENT # P04000021705

1. Entity Name

JOHN WEEGAR CONSULTANT, INC.



Principal Place of Business

1299 S. OCEAN BLVD.
M-5
BOCA RATON FL 33432

Mailing Address

1299 S. OCEAN BLVD.
M-5
BOCA RATON FL 33432



2. Principal Place of Business - No P.O. Box #

740 S. FEDERAL HIGH

3. Mailing Address

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

604

City & State

POMPANO BEACH, FL.

City & State

Zip

33062

Country

USA

Zip

Country

4. FEI Number

65-1217257

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WEEGAR, JOHN
1299 SOUTH OCEAN BD.
M-5
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

JOHN WEEGAR

Street Address (P.O. Box Number is Not Acceptable)

740 S FEDERAL HIGH (604)

City

POMPANO BEACH, FL.

FL

Zip Code

33062

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

John Weegar

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME WEEGAR, JOHN
STREET ADDRESS 1299 SOUTH OCEAN BLVD., M-5
CITY - ST - ZIP BOCA RATON FL 33432 ☐ Delete

TITLE D
NAME WEEGAR, JOHN
STREET ADDRESS 1299 SOUTH OCEAN BLVD., M-5
CITY - ST - ZIP BOCA RATON FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

John Weegar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2007 954
803 0235