

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90009 011 ***158.75

DOCUMENT # P04000153685

1. Entity Name

WEINER HAVEN, INC.



Principal Place of Business

**919 N. LAKE HOWARD DR.
WINTER HAVEN FL 33881**

Mailing Address

**919 N. LAKE HOWARD DR.
WINTER HAVEN FL 33881**

2. Principal Place of Business

368 CENTRAL not yet

3. Mailing Address

919 N. LAKE HOWARD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

City & State

WINTER HAVEN, FL

Zip **33881**

Country

POLK

Zip

33881

Country

POLK

4. FEI Number

20-1972571

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

**MURPHY, FREDERICK J JR.
245 SOUTH CENTRAL AVE.
BARTOW FL 33830**

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

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, 2005 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 **PD** ☐ Delete
NAME **EASTERLING, ERIK E**
STREET ADDRESS **919 N. LAKE HOWARD DR.**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **STD** ☐ Delete
NAME **EASTERLING, JANICE O**
STREET ADDRESS **919 N. LAKE HOWARD DR.**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **VD** ☐ Delete
NAME **EASTERLING, JAN CELESTE**
STREET ADDRESS **6625 MICHELLE COVE**
CITY-ST-ZIP **HORN LAKE MS 38637-1611**

TITLE **VD** ☐ Delete
NAME **HARP, ANNA E**
STREET ADDRESS **3706 COFFMAN RD.**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME **VD
SIMMONS, JAN CELESTE**
STREET ADDRESS **6625 MICHELLE COVE**
CITY-ST-ZIP **HORN LAKE, MS 38637-1611**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

**3/28/05
SIGNATURE:**

Janice O. Easterling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANICE O. EASTERLING,

863-299-8266

Date

Daytime Phone #