

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90031 001 ***158.75

DOCUMENT # P05000122690	
1. Entity Name DANNY WEAVER'S HOME REPAIR, INC.	

Principal Place of Business 574 SW COLUMBUS DR PORT SAINT LUCIE FL 34953	Mailing Address 574 SW COLUMBUS DR PORT SAINT LUCIE FL 34953
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2. Principal Place of Business - No P.O. Box # 968 SW Fenway Rd	3. Mailing Address 968 SW Fenway Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State Port St Lucie FL	City & State Port St. Lucie FL
Zip 34953	Zip 34953
Country USA	Country USA

4. FEI Number 16-1733826	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEAVER, DANNY 574 SW COLUMBUS DR PORT SAINT LUCIE FL 34953	
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7. Name and Address of New Registered Agent Name Danny Weaver Street Address (P.O. Box Number is Not Acceptable) 968 SW Fenway Rd Port St. Lucie FL 34953	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coin, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE Danny Weaver <small>Signature, typed or printed name of registered agent and title, if applicable.</small>	Danny Weaver 4-24-08 <small>(NOTE: Registered Agent signature required when restructuring) DATE</small>

FILE NOW!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME WEAVER, DANNY	
STREET ADDRESS 574 SW COLUMBUS DR	
CITY-ST-ZIP PORT SAINT LUCIE FL 34953	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 Danny Weaver	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Danny Weaver	
STREET ADDRESS 968 SW Fenway Rd	
CITY-ST-ZIP Port St. Lucie FL 34953	
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 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: Danny Weaver <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-24-08 <small>Date</small>	<small>Daytime Phone #</small>
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