

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-12-2007 90107 038 ***150.00

DOCUMENT # P06000038927 1. Entity Name WEYCLIFFE ENTERPRISES, INC.			
Principal Place of Business 10411 SW 54TH ST COOPER CITY FL 33328		Mailing Address 10411 SW 54TH ST COOPER CITY FL 33328	
2. Principal Place of Business - No P.O. Box # 10411 SW 54 Street Suite, Apt. #, etc. Cooper city, Florida City & State		3. Mailing Address 10411 SW 54 Street Suite, Apt. #, etc. Cooper city City & State Florida	
Zip 33328 Country USA		Zip 33328 Country USA	
4. FEI Number 14-1954328		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCALLA, WINSTON 10411 SW 54TH ST COOPER CITY FL 33328		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 _____ (NOTE: Registered Agent signature required when reinstating) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP <input type="checkbox"/> Delete NAME MCCALLA, WINSTON STREET ADDRESS 10411 SW 54TH ST CITY- ST- ZIP COOPER CITY FL 33328	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DST <input type="checkbox"/> Delete NAME MCCALLA, ELENA STREET ADDRESS 10411 SW 54TH ST CITY- ST- ZIP COOPER CITY FL 33328	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Winston McCalla</u> WINSTON MCCALLA President Feb 2007 984 6803818 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			