

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 19, 2007 8:00 am
Secretary of State

03-05-2007 90067 023 ***150.00

DOCUMENT # P06000069703					
1. Entity Name WEATHERALL & ASSOCIATES, INC.					
Principal Place of Business 148 SE 73RD STREET STARKE, FL 32091			Mailing Address 148 SE 73RD STREET STARKE, FL 32091		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4951038	
5. Certificate or Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEATHERALL, MARTHA M 148 SE 73RD STREET STARKE, FL 32091			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 if applicable (NOTE: Registered Agent Signature must be in black ink)					
---FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P WEATHERALL, MARTHA M 148 SE 73RD STREET STARKE, FL 32091		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST MEECE, LORIS 148 SE 73RD STREET STARKE, FL 32091		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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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: <i>Martha Weatherall</i>			3-2-07 352-473-0835		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

66005463



03022007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

5. Certificate or Status Desired ☐ \$8.75 Additional Fee Required

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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SIGNATURE: *Martha Weatherall* 3-2-07 352-473-0835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Entity Phone #