2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

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DOCUMENT # P06000118210 1. Entity Name MICHAEL WEIDGANS INC								04-11-200			50.00
Principal Place of Business Mailing Address				•				0.0	01183	የ ክ	
'			2850 SW 25TH PL				66011835				
2850 SW 25TH PL CAPE CORAL, FL 33914			APE CORAL, FL 33914	ı							
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							1651 66 41				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03052007	Chg-P	CR2E	34 (12/06)	
City & State			City & State				4. FEI Number 20-	5540	295		oplied For of Applicable
Zip Country			Zip Coun		try			of Status Desired	_	\$8,75 Add Fee Require	
	6. Name and Address o	f Current Regis	tered Agent				7. Name and	Address of New	Registered	Agent	
		-			Name -						
	S, MICHAEL				Street Address (P.O. Box Number is Not Acceptable)						
2850 SW 2					Street Add) 845 (I	P.O. BOX NUMB	er is not acceptal	216)		
CAPE COR	RAL, FL 33914										
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	"				City				FL	Zip Cod	6
	named entity submits this st.	atement for the p	ourpose of changing its	egister	ed office or re	egister	ed agent, or bo	th, in the State of I	lorida. I am	familiar with,	and accept
-											
SIGNATURE_	Signature, typed or printed name of reg	rstored agent and title	if applicable. (NOTE	Registere	d Agent signature	required	when reinstaling)	_	DATE		
FIL	E NOW!!! FEE #8 \$15	:n.nn	9. Election Campaig	gn Finar	ncing	\$ 5.	00 May Be	1			
After Ma	ey 1, 2007 Fee will b	e \$550.00	Trust Fund Contr	ibution.		Add	ed to Fees				
10.	OFFIC	ERS AND DIREC	TORS	11.			ADDITIONS	CHANGES TO O	FICERS AND	DIRECTOR	S IN 11
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NAME	WEIDGANS, MICHAEL		Delete Title							T CHANGE	☐ Muddada
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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:	3/3/107	
SIGNATURE AND TYPED OR PORTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daysme Phone #