

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-12-2008 90031 050 ***150.00

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1. Entity Name

WEIR MAKING MUSIC INC.



Principal Place of Business

2642 SW 15TH STREET
DEERFIELD BEACH FL 33442

Mailing Address

2642 SW 15TH STREET
DEERFIELD BEACH FL 33442

2. Principal Place of Business, No P.O. Box #

22348 CALIBRE CT.

State, Apt. #, etc.
APT. 210

City & State
BOCA RATON, FL

Zip
33433

Country
USA

3. Mailing Address

22348 CALIBRE CT.

State, Apt. #, etc.
APT. 210

City & State
BOCA RATON, FL

Zip
33433

Country
USA



1st MOORE

CR2E034 (10/07)

4. FEI Number 20-5630307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEIR, EDWARD W III
2642 SW 15TH STREET
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name WEIR, EDWARD W. III
Street Address, P.O. Box (Number is Not Acceptable)
22348 CALIBRE CT.
APT. 210
City BOCA RATON FL Zip Code 33433

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

4-25-08

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME WEIR, EDWARD W III
STREET ADDRESS 2642 SW 15TH STREET
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE PD ☐ Delete
NAME WEIR, EDWARD W. III
STREET ADDRESS 22348 CALIBRE CT. APT. 210
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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 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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Electronic Filing