

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000125008

**FILED**  
**Sep 24, 2012**  
**Secretary of State**

**Entity Name:** WEAVER CERTIFIED CONTRACTING INC.

**Current Principal Place of Business:**

6 SOUTH HARBOUR VIEW RD  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

68 BEACON WAY  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

6 SOUTH HARBOUR VIEW RD  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

68 BEACON WAY  
SANTA ROSA BEACH, FL 32459

**FEI Number:** 41-2259421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEAVER, MIKEL B  
6 SOUTH HARBOUR VIEW RD  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

WEAVER, MIKEL B  
68 BEACON WAY  
SANTA ROSA BEACH, FL 32459 US

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.

SIGNATURE: MIKEL WEAVER

09/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVT  
Name: WEAVER, MIKEL  
Address: 6 SOUTH HARBOUR VIEW RD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S  
Name: WEAVER, MIKEL B  
Address: 6 SOUTH HARBOUR VIEW RD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MIKEL WEAVER

PRES

09/24/2012

Electronic Signature of Signing Officer or Director

Date