

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000042973

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Entity Name:** W J WEEMS SKYCAB SERVICES, INC.

**Current Principal Place of Business:**

7663 N 56TH STREET  
TAMPA, FL 33617 US

**New Principal Place of Business:**

5721 E. FOWLER AVENUE  
TAMPA, FL 33617 US

**Current Mailing Address:**

7663 N 56TH STREET  
TAMPA, FL 33617 US

**New Mailing Address:**

5721 E. FOWLER AVENUE  
TAMPA, FL 33617 US

**FEI Number:** 27-0198714

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEEMS, WILLIE  
7663 N 56TH STREET  
TAMPA, FL 33617 US

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

WEEMS, WILLIE  
5721 E. FOWLER AVENUE  
TAMPA, FL 33617 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

06/17/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MR  
Name: WEEMS, WILLIE  
Address: 5721 E. FOWLER AVENUE  
City-St-Zip: TAMPA, FL 33617 US

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: WILLIE WEEMS

MR

06/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date