

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-30-2007 90390 032 ***150.00

DOCUMENT # P94000023266

1. Entity Name

FLORIDA WEATHER, INC.



Principal Place of Business

1117 BEACH BLVD
JACKSONVILLE BCH FL 32250
US

Mailing Address

1117 BEACH BLVD
JACKSONVILLE BCH FL 32250
US



2. Principal Place of Business - No P.O. Box #
1122 9th Street S.

Suite, Apt. #, etc.

3. Mailing Address
1122 9th Street S.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State
Jacksonville Beach, FL

City & State
Jacksonville Beach, FL

4. FEI Number NO-T APPLICABLE

Applied For
Not Applicable

Zip
32250

Country
USA

Zip
32250

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINGLETON, CHARLES C. SR
1117 BEACH AVENUE
JACKSONVILLE BEACH FL 32250

Name
Singleton, Charles C. Sr.

Street Address (P.O. Box Number is Not Acceptable)
1122 9th Street S.

City
Jacksonville Beach

FL

Zip Code
32250

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTSD
SINGLETON, CHARLES C
1317 8TH ST N
JACKSONVILLE BCH FL 32250 ☐ Delete

TITLE
NAME
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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 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 like empowered.

SIGNATURE:

Charles C. Singleton Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07 (904) 249-1290
(904) 249-1174

Date

Signature Phone #