

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000090783

FILED  
Apr 18, 2008  
Secretary of State

Entity Name: ROBERT C. WEED, JR. DESIGN, INC.

**Current Principal Place of Business:**

2902 ISABELLA BLVD.  
SUITE 50  
JACKSONVILLE BEACH, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 328  
PONTE VEDRA BEACH, FL 32004 US

**New Mailing Address:**

FEI Number: 59-3286628

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEED, ROBERT C JR.  
412 PONTE VERDA BLVD  
PONTE VEDRA BEACH, FL 32082 US

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

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

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WEED, ROBERT C JR.  
Address: 412 PONTE VEDRA BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ST ( ) Delete  
Name: MATTHEWS, MICHAEL A  
Address: 2902 ISABELLA BLVD. SUITE 50  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL A MATTHEWS

ST

04/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date