

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000090783

FILED  
Apr 05, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1210 PINE ISLAND RD.  
ST AUGUSTINE, FL 32095 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

**OFFICERS AND DIRECTORS:**

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

Title: ST  
Name: MATTHEWS, MICHAEL A  
Address: 1210 PINE ISLAND RD  
City-St-Zip: ST AUGUSTINE, FL 32095

Title: VP  
Name: MONTI, CHRISTOPHER  
Address: 1210 PINE ISLAND RD  
City-St-Zip: ST AUGUSTINE, FL 32095

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: MICHAEL A MATTHEWS

ST

04/05/2012

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

\_\_\_\_\_ Date