

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90037 028 \*\*\*150.00

**DOCUMENT # P95000005688**

1. Entity Name

VACUUM CENTER SUPER STORES, INC.



Principal Place of Business

807 CHOCTAW LANE  
SHALIMAR FL 32579

Mailing Address

807 CHOCTAW LANE  
SHALIMAR FL 32579



2. Principal Place of Business - No P.O. Box #

36054 Emerald Coast Pky  
Suite, Apt. #, etc.  
unit 102

3. Mailing Address

36054 Emerald Coast Pky  
Suite, Apt. #, etc.  
# 102

City & State

DESTIN FL

City & State

DESTIN FL

Zip  
32541

Country  
OKALOOSA

Zip  
32541

Country  
OKALOOSA

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3295996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEICHMAN, ROBERT A SR  
807 CHOCTAW LANE  
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 fee, if applicable.

(NOTE: Registered Agent signature required when nondomestic)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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

TITLE	P	<input type="checkbox"/> Delete
NAME	WEICHMAN, ROBERT A SR	
STREET ADDRESS	807 CHOCTAW LANE	
CITY-ST-ZIP	SHALIMAR FL 32579-2248	
TITLE	S	<input type="checkbox"/> Delete
NAME	WEICHMAN, NORMA F	
STREET ADDRESS	807 CHOCTAW LANE	
CITY-ST-ZIP	SHALIMAR FL 32579-2248	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEICHMAN, ROBERT A JR	
STREET ADDRESS	36054 UNIT 102 EMERALD UNIT PKY.	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEICHMAN, DAVID M	
STREET ADDRESS	1817 COLONIAL CT	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Norma F. Weichman* (NORMA F. WEICHMAN)

01-25-08

850-269-0505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Domestic Phone #