## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 25, 2005 08:00 AM Secretary of State DOCUMENT # P95000089998 1. Entity Name WEEMS & SONS LOGGING, INC. Principal Place of Business Mailing Address PO BOX 15 PO BOX 15 BRONSON, FL 32621 BRONSON, FL 32621 01192005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-3357468 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent A state of the sta BRANNAN, SHANNON C CPA DO NOT WRITE 161 N MAIN STREET WILLISTON, FL 32696 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable, (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. TITLE WEEMS, ROY E NAME STREET ADDRESS P.O BOX 15 N/A U00000328354 CITY-ST-ZIP BRONSON, FL 04/25/05-80092-023 150.00 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

COLUMN TO A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

752-486-4668

**FILED**