



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90354 045 ***150.00

DOCUMENT # P96000007870					
1. Entity Name WEBER & ASSOCIATES ACCOUNTING AND TAX SERVICE, INC.					
Principal Place of Business 738-10TH STREET WEST PALMETTO, FL 34221		Mailing Address 738-10TH STREET WEST PALMETTO, FL 34221			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0629321	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBER, RICHARD G 738-10TH STREET WEST PALMETTO, FL 34221			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVPD <input type="checkbox"/> Delete	TITLE	PVPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEBER, RICHARD G	NAME	WEBER, RICHARD G.		
STREET ADDRESS	1000 8TH AVE., WEST	STREET ADDRESS	738-10th St W		
CITY-ST-ZIP	PALMETTO, FL	CITY-ST-ZIP	PALMETTO, FL 34221		
TITLE	STD <input type="checkbox"/> Delete	TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER-WEBER, MARY JO	NAME	MILLER-WEBER, MARY JO		
STREET ADDRESS	1000 8TH AVE. WEST	STREET ADDRESS	738-10th St W		
CITY-ST-ZIP	PALMETTO, FL	CITY-ST-ZIP	PALMETTO, FL 34221		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE: 		Date: 4/18/05		Daytime Phone #: 941-729-3343	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

J0040305



01112005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

FL Zip Code