

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90030 048 \*\*\*150.00

**DOCUMENT # P96000055657**

1. Entity Name

**WEISZ REAL ESTATE & MAINTENANCE, INC.**



Principal Place of Business

**3357 KINGS RD SO  
SAINT AUGUSTINE FL 32086  
US**

Mailing Address

**3357 KINGS RD SO  
SAINT AUGUSTINE FL 32086  
US**



2. Principal Place of Business

**3337 KINGS RD. SO.**

3. Mailing Address

**3337 KINGS RD. SO.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

**ST. AUGUSTINE FL.**

City & State

**ST. AUGUSTINE FL.**

4. FEI Number

**59-3388382**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WEISZ, CHARLOTTE**

**3357 KINGS RD SOU**

**ST. AUGUSTINE FL 32086**

**3337**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/16/06**

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

**After May 1, 2006 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PTD  
WEISZ, CHARLES  
3357 KING SROAD SO  
SAINT AUGUSTINE FL 32086**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VSD  
WEISZ, CHARLOTTE  
3357 KING RD SO  
SAINT AUGUSTINE FL 32086**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**3337 KINGS RD. SO.**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**3337 KINGS RD. SO.**

☒ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/16/06 904-797-2650**