

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 06, 2007 08:00 A**  
**Mail Comp**  
**Secretary of State**

**DOCUMENT # P96000055657**

1. Entity Name  
**WEISZ REAL ESTATE & MAINTENANCE, INC.**

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

Principal Place of Business  
**3337 KINGS RD S  
ST. AUGUSTINE, FL 32086 US**

Mailing Address  
**3337 KINGS RD S  
ST. AUGUSTINE, FL 32086**



07022007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3388382**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WEISZ, CHARLOTTE  
3337 KINGS RD SO  
ST. AUGUSTINE, FL 32086**

**DO NOT WRITE  
IN THIS SPACE**

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

*Charlotte Weisz*  
Signature, typed or printed name of registered agent and/or applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/1/2007**

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	WEISZ, CHARLES
STREET ADDRESS	3337 KINGS RD SOUTH
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	VSD
NAME	WEISZ, CHARLOTTE
STREET ADDRESS	3337 KINGS RD SOUTH
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000773456  
09/06/07-80005-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

*Charlotte Weisz* **CHARLOTTE WEISZ**

DATE

Daytime Phone #

**7/2/07 904-797-2650**