

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90237 017 ***150.00

DOCUMENT # P97000005274

1. Entity Name
SUSAN M. WEIGLE, INC.



Principal Place of Business
10661 N. SUNFLOWER PT.
CRYSTAL RIVER, FL 34428

Mailing Address
10661 N. SUNFLOWER PT.
CRYSTAL RIVER, FL 34428

14021933



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05032004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3424229

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOCKWOOD, BRIAN R ESQ
309 N.W. 1ST STREET
GAINESVILLE, FL 32601-2525

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

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WEIGLE, SUSAN M
STREET ADDRESS 5276 S RIVERVIEW CIRCLE
CITY-STATE-ZIP HOMOSASSA, FL 34448

TITLE PVST ☐ Delete
NAME WEIGLE, SUSAN M
STREET ADDRESS 5276 S RIVERVIEW CIRCLE
CITY-STATE-ZIP HOMOSASSA, FL 34448

TITLE D ☐ Delete
NAME WEIGLE, JAMES J JR
STREET ADDRESS 5276 S RIVERVIEW CIRCLE
CITY-STATE-ZIP HOMOSASSA, FL 34448

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Susan M. Weigle
STREET ADDRESS 10661 N. Sunflower Pt.
CITY-STATE-ZIP Crystal River, FL 34428

TITLE PVST ☒ Change ☐ Addition
NAME Susan M. Weigle
STREET ADDRESS 10661 N. Sunflower Pt.
CITY-STATE-ZIP Crystal River, FL 34428

TITLE D ☒ Change ☐ Addition
NAME James J. Weigle Jr.
STREET ADDRESS 10661 N. Sunflower Pt.
CITY-STATE-ZIP Crystal River, FL 34428

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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: Susan M. Weigle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/04
Date

352-563-5008
Telephone #