2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # P97000077729 1. Entity Name WEIDENBACH & CO. P.A.						04-30-20	004 90351	023 ***	150.00
Principal Place of Business		Mailing Address		1					
1560 CAPITAL CIRCLE N.W.		1560 CAPITAL CIRCLE N.W.							
SUITE 16		SUITE 16		ļ					
TALLAHASSE	E, FL 32303	TALLAHASSEE, FL 32303		1 (4 8 1) 5 (4 1)	Ini isan sahir sahi sah			110 110i	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04022004	Chg-P	CR2E03	4 (10/03)		
City & State		City & State		4. FEI Number 59-3468	624			plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate o	Status Desired		8.75 Ado	
	6. Name and Address of Current	Registered Agent	l	T	7. Name and A	ddress of New F		 	
		Name			9	,			
WEIDENBACH, WILLIAM C JR.			Street Address (P.O. Box Number is Not Acceptable)						
15303 BLUE BOAR RD. TALLAHASSEE, FL 32310				Street Address (P.O. Box Number	is Not Acceptable	ө) 		
								T-2: 0	
			City			FL	Zip Cod	9	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	s register	ed office or registe	red agent, or both	, in the State of Fi	orida. I am fa	miliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstature) DATE									
	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa OO Trust Fund Con			.00 May Be ded to Fees				
10.	OFFICERS AND	DIRECTORS	11,	····	ADDITIONS/C	HANGES TO OFF			
TITLE	PD	C Delete	MIL					Change	Addition
NAME STREET ADDRESS	WEIDENBACH, WILLIAM C JR. 15303 BLUE BOAR RD.		NAM	BET ADDRESS					
CITY-ST-ZIP				'-S1-ZIP					
TITLE	VPD Delete IIII.			E			•	☐ Change	Addition
NAME	WEIDENBACH, LINDA K		NAM						
STREET ADDRESS	IEET ADDRESS 15303 BLUE BOAR ROAD		STRI	EET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY	'-ST-ZIP					
TITLE		Delete	TITL	E				Change	Addition
NAME CTREET ADODESES			NAM	I .					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-S1-ZIP					
TITLE		☐ Delete	TITE					Change	Addition
NAME	1			;				##### # D-	
1	1		NAM	IE ‡					
STREET ADDRESS				eet address					
STREET ADDRESS CITY-ST-ZIP			SIR						
CITY-ST-ZIP		C Delete	STRI CHY THU	EET ADDRESS '-SI-ZIP				Change	Addition
CITY-ST-ZIP TITLE NAME		C Delete	STRI CITY TITL NAM	EET ADORESS '-ST-ZIP E				Change	Addition
CHY-ST-ZIP IITLE NAME STREET ADDRESS		C.) Delete	STRE CHY TITL NAM STRE	EET ADDRESS '-SI-ZIP E ME EET ADDRESS				Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			STREE CHY THUE NAM STREE CHY	EET ADDRESS '-ST-ZIP E 46 EET ADDRESS (-ST-ZIP					
CHY-ST-ZIP IITLE NAME STREET ADDRESS		☐ Delete	STRE CHY TITL NAM STRE	EET ADDRESS Y-ST-ZIP E HE EET ADDRESS Y-ST-ZIP E				☐ Change	Addition
CHY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			SIRE CHY THE NAM STRI CHY THE NAM	EET ADDRESS Y-ST-ZIP E HE EET ADDRESS Y-ST-ZIP E					
CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			STREETH STREET	EET ADDRESS '-ST-ZIP EET ADDRESS '-ST-ZIP E					

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 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.

GNATURE:

COLUMN AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayling Phone*