

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90016 007 ***150.00

DOCUMENT # P98000035697

1. Entity Name

WEED SOLUTIONS, INC.



Principal Place of Business

7759 PLUMMER RD
JACKSONVILLE FL 32219

Mailing Address

PO BOX 351317
JACKSONVILLE FL 32235

2. Principal Place of Business

7759 Plummer Rd

Suite, Apt. #, etc.

3. Mailing Address

...

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3506171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

HARTMAN, BRADLEY S
12243 CAPTIVA BLUFF RD
JACKSONVILLE FL 32226

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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
ST
WALL, BRIAN A
7759 PLUMMER RD
JACKSONVILLE FL 32219 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HARTMAN, BRADLEY
12243 CAPTIVA BLUFF RD
JACKSONVILLE FL 32226 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Bradley S Hartman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-04

Date

(904) 219-0732

Daytime Phone #