


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000057113	
1. Entity Name WEED TILE, INC.	

Principal Place of Business 293 EAST LONG CREEK COVE LONGWOOD, FL 32750	Mailing Address 293 EAST LONG CREEK COVE LONGWOOD, FL 32750
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DO NOT WRITE IN THIS SPACE

02112004 No Chg-P CR2E034 (10/03)

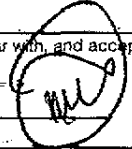
4. FEI Number 59-3524345	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WEED, JAMES A JR.
293 EAST LONG CREEK COVE
LONGWOOD, FL 32750

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: James A. Weed - Vice President 2/24/04 

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000058108
02/27/04-80028-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEED, JAMES A JR. 293 EAST LONG CREEK COVE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O WEED, MARCY S 293 EAST LONG CREEK COVE LONGWOOD, FL 32750
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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: Marcy S. Weed - Vice President 2/24/04 407-260-6223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone