


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90340 034 ***150.00

DOCUMENT # S42707 1. Entity Name WEAVER'S FURNITURE PARADE, INC.	
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Principal Place of Business 4405 HIGHWAY 17 32003 ORANGE PARK, FL 32003	Mailing Address 4405 HIGHWAY 17 32003 ORANGE PARK, FL 32003
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DO NOT WRITE IN THIS SPACE

40007



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3065567	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

WEAVER, CHRISTEL
4405 HIGHWAY 17 ~~32003~~
ORANGE PARK, FL 32003

**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 Christel Weaver DATE 4-11-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WEAVER, CHRISTINA 4403 HWY 17 X ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEAVER, MARK N. 2654 SANDALOOD CIRCLE ORANGE PARK, FL 32065
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Christina Weaver DATE 4-11-08 DAYTIME PHONE # 904-264-8445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR