# 2007 FOR PROFIT CORPORATION
## ANNUAL REPORT

DOCUMENT # V68717

1. Entity Name
ANDREW M. WEISSING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 21382 SWEETWATER LANE NORTH<br>BOCA RATON, FL  33428 | 21382 SWEETWATER LANE NORTH<br>BOCA RATON, FL  33428 |

## DO NOT WRITE IN THIS SPACE

04272007      No Chg-P      CR2E034 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 65-0360671 | Not Applicable |

5. Certificate of Status Desired  ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEISSING, MATTHEW D
1735 EAST ATLANTIC BLVD.
POMPANO BEACH, FL  33060

## 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 _____

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, 2007 Fee will be $550.00**

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

### 10. OFFICERS AND DIRECTORS

| TITLE | PD |
|---|---|
| NAME | WEISSING, ANDREW M. |
| STREET ADDRESS | 21382 SWEETWATER LANE N. |
| CITY-ST-ZIP | BOCA RATON, FL |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

## DO NOT WRITE
## IN THIS SPACE

U000000754605
05/22/07-80067-022  150.00

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: _____  _____  4/30/07  561-282-6271

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