2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2007
Secretary of State

DOCUMENT# L05000117380

Entity Name: C. M. WEEKS TRUCKING LLC

Current Principal Place of Business:

1325 BAYPORT AVE
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

1325 BAYPORT AVE
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 71-0992834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NADEAU, DAVID
1325 BAYPORT AVE
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	NADEAU, DAVID	
Address:	1325 BAYPORT AVE	
City-St-Zip:	MARCO ISLAND, FL 34145	
Title:	MGRM	( ) Delete
Name:	WEEKS, CURTIS	
Address:	2170 ROCK RD.	
City-St-Zip:	NAPLES, FL 34120	
Title:	MGRM	( ) Delete
Name:	RICHARDSON, JUDITH	
Address:	2170 ROCK RD.	
City-St-Zip:	NAPLES, FL 34120	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID NADEAU MGRM 05/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date