
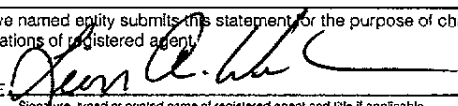
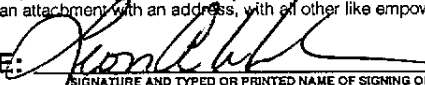


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 176774</b>		
1. Entity Name WEEKES & CALLAWAY, INC.		
Principal Place of Business 777 E ATLANTIC AVENUE SUITE 300 DELRAY, FL 33483 US		Mailing Address 777 E ATLANTIC AVENUE SUITE 300 DELRAY, FL 33483 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		01122004 No Chg-P CR2E034 (10/03)
4. FEI Number 59-0714699		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		
WEEKES, LEON 777 E ATLANTIC AVE #300 DELRAY BEACH, FL 33483		<b>DO NOT WRITE IN THIS SPACE</b>
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		1/20/04 <small>DATE</small>
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	CALLAWAY, J. MICHAEL	
STREET ADDRESS	777 E. ATLANTIC AVE #300	
CITY-ST-ZIP	DELRAY BCH FL 00000,	
TITLE	CD	
NAME	WEEKES, LEON M	
STREET ADDRESS	777 E ATLANTIC AVE #300	
CITY-ST-ZIP	DELRAY BCH, FL 00000,	
TITLE	CEOS	
NAME	WEEKES, LEON A	
STREET ADDRESS	777 E ATLANTIC AVE #300	
CITY-ST-ZIP	DELRAY BCH, FL 00000,	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/20/04 <small>DATE</small>