

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90096 009 ***150.00

DOCUMENT # 266138

1. Entity Name

STAN WEEKS & ASSOCIATES, INC.



Principal Place of Business
6230 S.W. 82ND AVE.
SOUTH MIAMI FL 33143

Mailing Address
6230 S.W. 82ND AVE.
SOUTH MIAMI FL 33143



2. Principal Place of Business - No P.O. Box #

6130 N.W. Davoco Terr.

Suite, Apt. #, etc.

3. Mailing Address

6130 N.W. Davoco Terr.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Port St. Lucie, Fla.

City & State

Port St. Lucie, Fla.

4. FEI Number

59-0998467

Applied For

Not Applicable

Zip

34986

Country

St. Lucie

Zip

34986

Country

St. Lucie

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEEKS, STANLEY
6230 S.W. 82ND AVE.
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WEEKS, STANLEY	
STREET ADDRESS	6230 S.W. 82ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33143-1516	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEEKS, SANDRA N.	
STREET ADDRESS	6230 S.W. 82ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33143-1516	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEEKS, JAMES W.	
STREET ADDRESS	2700 S HEADER CANAL RD	
CITY-ST-ZIP	FORT PIERCE FL 34945	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Stanley Weeks Stanley Weeks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07 772-343-7100

Date

Daytime Phone #