

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 266138

FILED
Jan 30, 2009
Secretary of State

Entity Name: STAN WEEKS & ASSOCIATES, INC.

Current Principal Place of Business:

6130 NW DAROCO TERR
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

2700 S. HEADER CANAL ROAD
FORT PIERCE, FL 34945 US

Current Mailing Address:

6130 NW DAROCO TERR
PORT SAINT LUCIE, FL 34986 US

New Mailing Address:

2700 S. HEADER CANAL ROAD
FORT PIERCE, FL 34945 US

FEI Number: 59-0998467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WEEKS, JAMES
2700 S. HEADER CANAL ROAD
FORT PIERCE, FL 34945 US

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: JAMES WEEKS

01/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WEEKS, STANLEY
Address: 6130 NW DARCO TERR
City-St-Zip: PORT SAINT LUCIE, FL 349863780

Title: SD () Delete
Name: WEEKS, SANDRA N
Address: 6130 NW DAROCO TERR
City-St-Zip: PORT SAINT LUCIE, FL 349863780

Title: VD () Delete
Name: WEEKS, JAMES W.,
Address: 2700 S HEADER CANAL RD
City-St-Zip: FORT PIERCE, FL 34945

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: WEEKS, STANLEY
Address: 6130 NW DARCO TERR
City-St-Zip: PORT SAINT LUCIE, FL 349863780

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

Title: PD (X) Change () Addition
Name: WEEKS, JAMES W.,
Address: 2700 S HEADER CANAL RD
City-St-Zip: FORT PIERCE, FL 34945

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES WEEKS

PD

01/30/2009

Electronic Signature of Signing Officer or Director

Date