
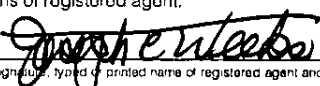


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 354778 1. Entity Name WEEKS HARDWARE INC					
Principal Place of Business BROOKSVILLE BROOKSVILLE FL 34601			Mailing Address 115 NORTH MAIN ST P.O. BOX 126 BROOKSVILLE FL 34601		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WEEKS, JOSEPH 115 N. MAIN ST. BROOKSVILLE FL 34601				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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:  <div style="float: right; text-align: right;"> DATE: </div>					
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 \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEEKS, JOSEPH		NAME	U00000741121	
STREET ADDRESS	118 S. B'VELLEANE		STREET ADDRESS	05/15/07-80018-006 150.00	
CITY- ST- ZIP	BROOKSVILLE FL		CITY- ST- ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIVENGOOD, LUCILLE		NAME		
STREET ADDRESS	188 S. B'VELLEANE		STREET ADDRESS		
CITY- ST- ZIP	BROOKSVILLE FL		CITY- ST- ZIP		
TITLE	VD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEEKS, OTELLA		NAME		
STREET ADDRESS	188 S. B'VELLEANE		STREET ADDRESS		
CITY- ST- ZIP	BROOKSVILLE FL		CITY- ST- ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEEKS, CONNIE		NAME		
STREET ADDRESS	118 S. B'VELLEANE		STREET ADDRESS		
CITY- ST- ZIP	BROOKSVILLE FL		CITY- ST- ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEEKS, JOEY		NAME		
STREET ADDRESS	118 S. B'VELLEANE		STREET ADDRESS		
CITY- ST- ZIP	BROOKSVILLE FL		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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