

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 354778

FILED  
Mar 23, 2011  
Secretary of State

Entity Name: WEEKS HARDWARE INC

**Current Principal Place of Business:**

BROOKSVILLE  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

**Current Mailing Address:**

115 NORTH MAIN ST  
P.O. BOX 126  
BROOKSVILLE, FL 34601

**New Mailing Address:**

FEI Number: 59-1277617      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEEKS,JOSEPH  
115 N. MAIN ST.  
BROOKSVILLE, FL 34601      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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WEEKS,JOSEPH  
Address: 118 S. B'VELLEANE  
City-St-Zip: BROOKSVILLE, FL

Title: D  
Name: LIVENGOOD, LUCILLE  
Address: 188 S. B'VELLEANE  
City-St-Zip: BROOKSVILLE, FL

Title: VD  
Name: WEEKS,OTELLA  
Address: 188 S. B'VELLEANE  
City-St-Zip: BROOKSVILLE, FL

Title: D  
Name: WEEKS, CONNIE  
Address: 118 S. B'VELLEANE  
City-St-Zip: BROOKSVILLE, FL

Title: D  
Name: WEEKS, JOEY  
Address: 118 S. B'VELLEANE  
City-St-Zip: BROOKSVILLE, FL

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH WEEKS

D

03/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date