

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 375409

1. Entity Name
WEEKS, JOHN M., INC.



Principal Place of Business
**1488 LACONIA DRIVE EAST
CLEARWATER, FL 34624**

Mailing Address
**1488 LACONIA DRIVE EAST
CLEARWATER, FL 34624**



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1348570

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHN M. WEEKS
1488 LACONIA DRIVE
CLEARWATER, FL 34624**

**DO NOT WRITE
IN THIS SPACE**

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 \$180.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
D
NAME
WEEKS, JOHN MURRAY
STREET ADDRESS
1488 LACONIA DRIVE
CITY-STATE-ZIP
CLEARWATER, FL

TITLE
STD
NAME
WEEKS, EILEEN RITA
STREET ADDRESS
1488 LACONIA DRIVE
CITY-STATE-ZIP
CLEARWATER, FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

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

Eileen R. Weeks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-04-06 727-531-2520

Date

Daytime Phone #