2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# F06000003772

Entity Name: WEEKLEY HOMES REALTY COMPANY

Current Principal Place of Business:

1111 NORTH POST OAK ROAD
HOUSTON, TX 77055

New Principal Place of Business:

Current Mailing Address:

1111 NORTH POST OAK ROAD
HOUSTON, TX 77055

New Mailing Address:

FEI Number: 76-0588504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: WEEKLEY, DAVID M
Address: 1111 NORTH POST OAK ROAD
City-St-Zip: HOUSTON, TX 77055

Title: P ( ) Delete
Name: JOHNSON, JOHN A
Address: 1111 NORTH POST OAK ROAD
City-St-Zip: HOUSTON, TX 77055

Title: S ( ) Delete
Name: BURCHFIELD, JOHN
Address: 1111 N POST OAK RD
City-St-Zip: HOUSTON, TX 77055

Title: V ( ) Delete
Name: PATE, ROBERT S
Address: 4505 WOODLAND CORPORATE BLVD STE 200
City-St-Zip: TAMPA, FL 33614

Title: T ( ) Delete
Name: HUMPHREY, HEATHER
Address: 1111 NORTH POST OAK ROAD
City-St-Zip: HOUSTON, TX 77055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: V (X) Change ( ) Addition
Name: JAFFE, LEN
Address: 4505 WOODLAND CORPORATE BLVD STE 200
City-St-Zip: TAMPA, FL 33614

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

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: JOHN BURCHFIELD S 04/24/2009

Electronic Signature of Signing Officer or Director Date