

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97077

FILED
Mar 16, 2007
Secretary of State

Entity Name: GEORGE C. WEEKS, D.D.S., P.A.

Current Principal Place of Business:

60 WEST BOULEVARD, NORTH
MACCLENLY, FL 32063 US

New Principal Place of Business:

Current Mailing Address:

7769 FOREST CIRCLE
GLEN ST. MARY, FL 32040 US

New Mailing Address:

FEI Number: 59-2220549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEEKS, GEORGE C., D.D.S.
60 WEST BOULEVARD, NORTH
MACCLENLY, FL 32063 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: D () Delete
Name: WEEKS, PATRICIA C,
Address: 7769 FOREST CIRCLE
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: PD () Delete
Name: WEEKS, GEORGE C DDS
Address: 7769 FOREST CIRCLE
City-St-Zip: GLEN SAINT MARY, FL 32040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GEORGE C. WEEKS

PD

03/16/2007

Electronic Signature of Signing Officer or Director

Date