2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # H33039

1. Entity Name
WEEKS & FOSTER, P.A.

Principal Place of Business	Mailing Address
1251 GLENHAM DR NE PALM BAY, FL 32905	1251 GLENHAM DR NE PALM BAY, FL 32905

01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2471897
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOSTER, LE ROY
1251 GLENHAM DR. NE
MELBOURNE,, FL 32905

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FOSTER, MARGARET Y.
STREET ADDRESS	1251 GLENHAM DR, NE
CITY-ST-ZIP	PALM BAY, FL
TITLE	STD
NAME	FOSTER, LEROY
STREET ADDRESS	1251 GLENHAM DR, NE
CITY-ST-ZIP	PALM BAY, FL
TITLE	VD
NAME	WILLIAMS, DEBRA A
STREET ADDRESS	617 W 2ND N ST
CITY-ST-ZIP	MORRISTOWN, TN 37814
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000788683
01/18/08-80052-003 150.00

DO NOT WRITE 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: Le Roy Foster LEROY FOSTER STD 1/15/08 (321) 727-3291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #