

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H33138

FILED  
Jan 21, 2005  
Secretary of State

Entity Name: T.A. WEEKS AND ASSOCIATES, INC.

**Current Principal Place of Business:**

1815 THORN HILL RD  
AUBURNDALE, FL 33823 US

**New Principal Place of Business:**

**Current Mailing Address:**

1815 THORN HILL RD  
AUBURNDALE, FL 33823 US

**New Mailing Address:**

FEI Number: 59-2542902      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CRITTENDEN, ROBERT R ATTY  
103 AVE A NW  
WINTER HAVEN, FL 33881 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: VPD ( ) Delete  
Name: WEEKS, T.A.  
Address: 1815 THORNHILL ROAD  
City-St-Zip: AUBURNDALE, FL 33823

Title: STD ( ) Delete  
Name: BARTON, DOLORES C.,  
Address: 1815 THORNHILL RD.  
City-St-Zip: AUBURNDALE, FL 33823

Title: PD ( ) Delete  
Name: BARTON, C.A.  
Address: 1815 THORNHILL ROAD  
City-St-Zip: AUBURNDALE, FL 33823

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOLORES A BARTON

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01/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date