

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90073 018 ***150.00

DOCUMENT # K05477 1. Entity Name WEEKS SEAFOOD INC.					
Principal Place of Business 7571 SAWYER CIRCLE PORT CHARLOTTE, FL 33981			Mailing Address 15496 S. ALDAMA CIR. PORT CHARLOTTE, FL 33981		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7571 Sawyer Circle Suite, Apt. #, etc.			
City & State _____		City & State Port Charlotte, FL		4. FEI Number 65-0017512	
Zip 33981		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEEKS, JAMES B. 15496 ALDANIA CIRCLE PORT CHARLOTTE, FL 33981			7. Name and Address of New Registered Agent Name WEEKS, JAMES B. Street Address (P.O. Box Number is Not Acceptable) 10433 Saint Paul Drive City Port Charlotte FL Zip Code 33981		
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 <u><i>James B. Weeks</i></u> DATE <u>1.27.04</u> <small>Signature appears printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$530.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WEEKS, JAMES B. 10433 SAINT PAUL DR PORT CHARLOTTE, FL 33981	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WEEKS, CINDY L. 10483 SAINT PAUL DR PORT CHARLOTTE, FL 33981	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Cindy L. Weeks</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1.28.04</u> Daytime Phone # <u>1-941-698-4777</u>		