2004 FOR PROFIT CORPORATION ANNUAL REPORT

Amended Report

FILED
04 MAY 13 PM 5:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K05477

1. Entity Name
WEEKS SEAFOOD INC.

Principal Place of Business	Mailing Address
7571 SAWYER CIRCLE PORT CHARLOTTE, FL 33981	15496 S. ALDAMA CIR. PORT CHARLOTTE, FL 33981

01262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	7571 Sawyer Cir Suite, Apt. #, etc.
City & State	City & State: Port Charlotte, Fl.
Zip / Country	Zip: 33981 / Country: Charlotte USA

4. FEI Number: 65-0017512 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEEKS, JAMES B. 15496 ALDANIA CIRCLE PORT CHARLOTTE, FL 33981	Name: Cindy L. Weeks Street Address (P.O. Box Number is Not Acceptable): 10433 St. Paul Dr. 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: Cindy L. Weeks James B Weeks 5.5.04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD WEEKS, CINDY L. 10483 SAINT PAUL DR PORT CHARLOTTE, FL 33981	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T/D 10433 St. Paul Dr. Port Charlotte, Fl. 33981 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700037285357 05/25/04--01010--003 **61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Cindy L. Weeks 5.5.04 1-941-698-4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #