


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # K07928
 1. Entity Name
WEEKS AUCTION COMPANY, INC.



Principal Place of Business Mailing Address
C/O TIMOTHY W. WEEKS **C/O TIMOTHY W. WEEKS**
4851 WEST HIGHWAY 40 **4851 WEST HIGHWAY 40**
OCALA, FL 34482 **OCALA, FL 34482**

DO NOT WRITE IN THIS SPACE



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2861771	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEEKS, TIMOTHY W.
4851 WEST HIGHWAY 40
OCALA, FL 32675

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6. 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, 2005 Fee will be \$550.00

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

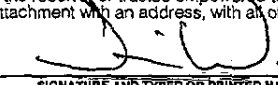
U00000309170
 04/16/05-80027-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEEKS, GRADY W.
STREET ADDRESS	5160 SOUTHEAST 36TH AVE.
CITY - ST - ZIP	OCALA, FL
TITLE	D
NAME	WEEKS, TIMOTHY W.
STREET ADDRESS	3720 SE 22ND AVE
CITY - ST - ZIP	OCALA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4/15/05** **352-351-4957**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #