2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# K07928

Entity Name: WEEKS AUCTION COMPANY, INC.

Current Principal Place of Business:

C/O TIMOTHY W. WEEKS
4851 WEST HIGHWAY 40
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

C/O TIMOTHY W. WEEKS
4851 WEST HIGHWAY 40
OCALA, FL 34482

New Mailing Address:

FEI Number: 59-2861771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEEKS, TIMOTHY W.
4851 WEST HIGHWAY 40
OCALA, FL 32675 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: P ( ) Delete
Name: WEEKS, GRADY W.,
Address: 5101 SW 60TH ST. RD. APT. 3408
City-St-Zip: OCALA, FL 34474

Title: VP ( ) Delete
Name: WEEKS, TIMOTHY W.,
Address: 3720 SE 22ND AVE
City-St-Zip: OCALA, FL 34471

Title: SEC ( ) Delete
Name: WEEKS, TIMOTHY W.,
Address: 3720 SE 22ND AVE
City-St-Zip: OCALA, FL 34471

Title: TRES ( ) Delete
Name: WEEKS, TIMOTHY W.,
Address: 3720 SE 22ND AVE
City-St-Zip: OCALA, FL 34471

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TIM WEEKS VP 02/02/2009
Electronic Signature of Signing Officer or Director Date