

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90386 048 ***150.00

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01172005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000039893	
1. Entity Name DAVID WEEKS PLUMBING, INC.	



Principal Place of Business 401 S FLORIDA AVE, SUITE 100 LAKELAND, FL 33801	Mailing Address 401 S FLORIDA AVE, SUITE 100 LAKELAND, FL 33801
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4175 Pipkin Creek Rd Suite, Apt. #, etc.	
City & State		City & State Lakeland FL	
Zip 33811	Country	Zip 33811	Country USA

6. Name and Address of Current Registered Agent WEEKS, DAVID 401 S FLORIDA AVE, SUITE 100 LAKELAND, FL 33801	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4175 Pipkin Creek Rd City Lakeland FL Zip Code 33811	
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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 <i>David Weeks</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 4/27/05 (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEEKS, DAVID 4175 PIPKIN CREEK RD LAKELAND, FL 33811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEEKS, CHERYL 4175 PIPKIN CREEK RD LAKELAND, FL 33811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>David Weeks</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 4/27/05 DAYTIME PHONE: 863-648-4634