

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 26, 2007 8:00 am
Secretary of State

06-26-2007 90001 019 ***158.75

DOCUMENT # P01000039893

1. Entity Name

DAVID WEEKS PLUMBING, INC.



Principal Place of Business

**4175 PIPKIN CREEK RD
LAKELAND, FL 33811**

Mailing Address

**4175 PIPKIN CREEK ROAD
LAKELAND, FL 33811**



03222007

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-2600690

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WEEKS, DAVID
4175 PIPKIN CREEK ROAD
LAKELAND, FL 33801**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: **D**
NAME: **WEEKS, DAVID**
STREET ADDRESS: **4175 PIPKIN CREEK RD**
CITY-ST-ZIP: **LAKELAND, FL 33811**

TITLE: **D**
NAME: **WEEKS, CHERYL**
STREET ADDRESS: **4175 PIPKIN CREEK RD**
CITY-ST-ZIP: **LAKELAND, FL 33811**

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07 863-648-4634
Date Daytime Phone #

Cy J. Weeks

6/21/07
863-648-4634

ATTACHMENT

June, 21, 2007

40121829
#P61000039893

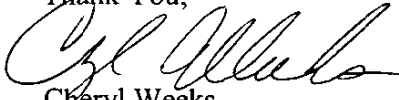
To Whom It May Concern:

As of this date check #20502 has not cleared my account, and my report has not been processed.

The report and check were mailed April 20, 2007.

I am requesting that the late fee be waived, and enclosed is a copy of the report and a new check for \$158.75.

Thank You,



Cheryl Weeks
David Weeks Plumbing