

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000087132

FILED
Sep 25, 2004
Secretary of State

Entity Name: WEEKS CUSTOM HOMES, INC.

Current Principal Place of Business:

829 WHITROCK LANE
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

20 TEMPLE
FORT WALTON BEACH, FL 32548

Current Mailing Address:

829 WHITROCK LANE
FORT WALTON BEACH, FL 32547

New Mailing Address:

20 TEMPLE AVE
FORT WALTON BEACH, FL 32548

FEI Number: 59-3742708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEEKS, PAUL E II
829 WHITROCK LANE
FORT WALTON BEACH, FL 32547

Name and Address of New Registered Agent:

WEEKS, PAUL E II
20 TEMPLE AVE
FORT WALTON BEACH, FL 32548

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: PAUL E WEEKS II

09/25/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: WEEKS, PAUL E II
Address: 829 WHITROCK LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: V () Delete
Name: WEEKS, MONICA L
Address: 829 WHITROCK LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: WEEKS, PAUL E II
Address: 2649 WEST HIGHWAY
City-St-Zip: MARY ESTHER, FL 32569

Title: V (X) Change () Addition
Name: WEEKS, MONICA L
Address: 2649 WEST HIGHWAY
City-St-Zip: MARY ESTHER, FL 32569

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MONICA L. WEEKS

V

09/25/2004

Electronic Signature of Signing Officer or Director

Date