

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000087132

Entity Name: WEEKS CUSTOM HOMES, INC.

FILED
Jul 25, 2005
Secretary of State

Current Principal Place of Business:

20 TEMPLE AVE
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

124 MIRACLE STRIP PKWY
SUITE 503
MARY ESTHER, FL 32569

Current Mailing Address:

20 TEMPLE AVE
FORT WALTON BEACH, FL 32548

New Mailing Address:

124 MIRACLE STRIP PKWY
SUITE 503
MARY ESTHER, FL 32569

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
20 TEMPLE AVE
FORT WALTON BEACH, FL 32548 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: WEEKS, PAUL E II
Address: 2649 WEST HIGHWAY
City-St-Zip: MARY ESTHER, FL 32569

Title: VS () Delete
Name: WEEKS, MONICA L
Address: 2649 WEST HIGHWAY
City-St-Zip: MARY ESTHER, FL 32569

Title: 2V (X) Delete
Name: STEVENS, JOSHUA
Address: 20 TEMPLE AVENUE
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: WEEKS, PAUL E II
Address: P.O. BOX 1324
City-St-Zip: MARY ESTHER, FL 32569

Title: VS (X) Change () Addition
Name: WEEKS, MONICA L
Address: P.O. BOX 1324
City-St-Zip: MARY ESTHER, FL 32569

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

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

VS

07/25/2005

Electronic Signature of Signing Officer or Director

Date