

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000083708

1. Entity Name

THE WEEKS APPRAISAL GROUP, INC.



Principal Place of Business

2950 HALCYON LANE

SUITE 205

JACKSONVILLE, FL 32223 US

Mailing Address

2950 HALCYON LANE

SUITE 205

JACKSONVILLE, FL 32223 US

FILED
Sep 19, 2008 08:00 AM
Secretary of State



09172008

No Chg-P

CR2E034 (11/05)

4. FEI Number

90-0102237

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, MICHAEL T

12133 HONEY CREEK PLACE

JACKSONVILLE, FL 32223

**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 revisiting)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEEKS, MICHAEL T
12133 HONEY CREEK PLACE
JACKSONVILLE, FL 32223

000000959925
09/19/08-80001-015 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 as an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael T Weeks

9-01-08

Date

904-292-4560

Daytime Phone #