

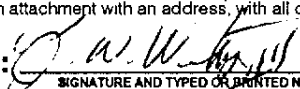


FILED
Jan 09, 2006 08:00 AM
Secretary of State

| | | | |
|---|--|---|--|
| DOCUMENT # P03000087245 1. Entity Name LAW OFFICES OF TED W. WEEKS, III, P.A. | |  | |
| Principal Place of Business 2000 SOUTH FLORIDA AVENUE LAKELAND, FL 33803 | | Mailing Address 2000 SOUTH FLORIDA AVENUE LAKELAND, FL 33803 | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 01042006 No Chg-P CR2E034 (11/05) | |
| | | 4. FEI Number 20-0094880 | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent WEEKS, III, THEODORE W 2000 SOUTH FLORIDA AVENUE LAKELAND, FL 33803 | | | |
| | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 1100001989112 01/10/06-90049-015 150.00 |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | D WEEKS, III, THEODORE W 2000 SOUTH FLORIDA AVENUE LAKELAND, FL 33803 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
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| 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:  | | 1/4/06 863-686-2727 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |