


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90578 006 ***150.00

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|---|---|
| DOCUMENT # P03000115073 |  |
| 1. Entity Name WEEKS VENTURES, INC. | |

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|---|---|
| Principal Place of Business 1405 PARK AVE. E., SUITE 102 FERNANDINA BCH, FL 32034 | Mailing Address 1405 PARK AVE. E., SUITE 102 FERNANDINA BCH, FL 32034 |
|---|---|

54041195



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|---|---|
| 2. Principal Place of Business 1405 PARK AVENUE, EAST SUITE 102 | 3. Mailing Address 1405 PARK AVENUE, EAST SUITE 102 |
| City & State FERNANDINA BEACH, FLORIDA | City & State FERNANDINA BEACH, FLORIDA |
| Zip 32034 | Country U.S. |

04132004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 20-0300702 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WOOD, MARSHALL E ESQ. 303 CENTRE ST., SUITE 100 FERNANDINA BCH, FL 32034 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD WEEKS, DONALD R 3011 SEA MARSH DR. FERNANDINA BCH, FL 32034 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD WEEKS, DONALD ROBERT 85258 AMAGANSETT DRIVE FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD WEEKS, JENNIFER V 3011 SEA MARSH DR. FERNANDINA BCH, FL 32034 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD WEEKS, JENNIFER V. 85258 AMAGANSETT DRIVE FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Donald Robert Weeks **Donald Robert Weeks** 04/22/04 904-206-4370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #