2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# P04000016287

Entity Name: WEEKS PLANNING AND ENGINEERING, INC.

Current Principal Place of Business:

146 W. WOODRUFF AVE
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6437
NAVARRE, FL 32566

New Mailing Address:

146 W. WOODRUFF AVE
CRESTVIEW, FL 32536

FEI Number: 20-0976753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEEKS, JUNE A
4842 HICKORY SHORES BLVD
GULF BREEZE, FL 32563 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WEEKS, JAMES G
Address: 146 W WOODRUFF AVE
City-St-Zip: CRESTVIEW, FL 32536

Title: D ( ) Delete
Name: WEEKS, JUNE A
Address: 146 W WOODRUFF AVE
City-St-Zip: CRESTVIEW, FL 32536 SR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JUNE A WEEKS PRES 03/02/2009
Electronic Signature of Signing Officer or Director Date