


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90570 046 \*\*\*150.00

<b>DOCUMENT # P04000094786</b> 1. Entity Name <b>WEEKS FRAMING, INC.</b>					
Principal Place of Business <b>7617 FORESTER RD NAVARRE, FL 32566 US</b>			Mailing Address <b>7617 FORESTER RD NAVARRE, FL 32566 US</b>		
2. Principal Place of Business <b>2369 Andree St</b> Suite, Apt. #, etc.		3. Mailing Address <b>Same</b> Suite, Apt. #, etc.			
City & State <b>Navarre FL</b>		City & State <b>Navarre FL</b>		4. FEI Number <b>201278192</b>	
Zip <b>32566</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WEEKS, TERRY 7617 FORESTER RD NAVARRE, FL 32566</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WEEKS, TERRY 7617 FORESTER RD NAVARRE, FL 32566		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WEEKS, TERRY 2369 Andree St Navarre, FL 32566	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY, WAYNE 1975 AMBASSADOR DRIVE GULF BREEZE, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEST, SEAN 7617 FORESTER ROAD NAVARRE, FL 32566		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jose Dueno 2369 Andree St Navarre FL 32566	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <b>4-28-05</b>				Daytime Phone #:	