

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094786

Entity Name: WEEKS FRAMING, INC.

FILED  
Mar 20, 2006  
Secretary of State

## Current Principal Place of Business:

2369 ANDORRA STREET  
NAVARRE, FL 32566 US

## New Principal Place of Business:

8118 OLD HICKORY HAMMOCK RD  
MILTON, FL 32583 US

## Current Mailing Address:

7617 FORESTER RD  
NAVARRE, FL 32566 US

## New Mailing Address:

8118 OLD HICKORY HAMMOCK RD  
MILTON, FL 32583 US

FEI Number: 20-1278192

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEEKS, TERRY  
7617 FORESTER RD  
NAVARRE, FL 32566 US

## Name and Address of New Registered Agent:

WEEKS, TERRY  
8118 OLD HICKORY HAMMOCK RD  
MILTON, FL 32583 US

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:

03/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: WEEKS, TERRY  
Address: 2369 ANDORR STREET  
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete  
Name: ANTHONY, WAYNE  
Address: 1975 AMBASSADOR DRIVE  
City-St-Zip: GULF BREEZE, FL 32563

Title: D ( ) Delete  
Name: DUENO, JOSE  
Address: 2369 ANDORR STREET  
City-St-Zip: NAVARRE, FL 32566

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: WEEKS, TERRY  
Address: 8118 OLD HICKORY HAMMOCK RD  
City-St-Zip: MILTON, FL 32583

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

Title: D (X) Change ( ) Addition  
Name: BULLMAN, DAN  
Address: 8118 OLD HICKORY HAMMOCK RD  
City-St-Zip: MILTON, FL 32583

I hereby certify that the information supplied with this filing does not qualify for the 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: TERRY WEEKS

PST

03/20/2006

Electronic Signature of Signing Officer or Director

Date