

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101340

Entity Name: WEEKS RETREAT, INC.

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

1405 PK AVE STE 102
FERNANDIAN BCH, FL 32034

New Principal Place of Business:

1405 PARK AVE., SUITE 102
FERNANDINA BEACH, FL 32034

Current Mailing Address:

1405 PK AVE STE 102
FERNANDIAN BCH, FL 32034

New Mailing Address:

1405 PARK AVE., SUITE 102
FERNANDINA BEACH, FL 32034

FEI Number: 20-1329748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEEKS, DONALD R
1405 PK AVE STE 102
FERNANDIAN BCH, FL 32034 US

Name and Address of New Registered Agent:

WEEKS, DONALD R
1405 PARK AVE., SUITE 102
FERNANDINA BEACH, FL 32034 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:

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: WEEKS, DONALD R
Address: 85258 AMAGANSETT DR
City-St-Zip: FERNANDIAN BCH, FL 32034

Title: DV () Delete
Name: WEEKS, JOHN C
Address: 85258 AMAGANSETT DR
City-St-Zip: FERNANDIAN BCH, FL 32034

Title: DVS () Delete
Name: MULLIN, KELLY W
Address: 237 MARSH LAKES DR
City-St-Zip: FERNANDINA BCH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: WEEKS, DONALD R
Address: 85258 AMAGANSETT DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DV (X) Change () Addition
Name: WEEKS, JOHN C
Address: 85258 AMAGANSETT DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DVS (X) Change () Addition
Name: MULLIN, KELLY W
Address: 237 MARSH LAKES DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

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

DPT

04/30/2005

Electronic Signature of Signing Officer or Director

Date