2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State
02-07-2007 90045 019 ***150.00

DOCUMENT # P05000033237

1. Entity Name
TOMMY WEEKS CONSTRUCTION SERVICES, INC.

Principal Place of Business
JOBSITES
JACKSONVILLE FL 32258

Mailing Address
5333 LAMAR SHAW COURT
JACKSONVILLE FL 32258

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #
5333 Lamar Shaw ct.
Suite, Apt. #, etc.
Residence
City & State
Jax FL
Zip 32258
Country U.S.

3. Mailing Address
5333 Lamar Shaw ct
Suite, Apt. #, etc.
Residence
City & State
Jax FL.
Zip 32258
Country US

4. FEI Number 20-2424737 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEEKS, THOMAS P
5333 LAMAR SHAW COURT
JACKSONVILLE FL 32258

7. Name and Address of New Registered Agent

Name Thomas Perry Weeks
Street Address (P.O. Box Number is Not Acceptable) 5333 Lamar Shaw Ct
City Jax FL. **FL** Zip Code 32258

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. President

SIGNATURE Tommy Weeks
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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P President	☐ Delete
NAME	WEEKS, THOMAS P	
STREET ADDRESS	5333 LAMAR SHAW COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1 Employe James Chaplier
Under South East Employee Leasing
904 509 5111
904 260 1126

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Thomas Perry Weeks President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #