

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90018 009 \*\*\*158.75

**DOCUMENT # P05000033237**

1. Entity Name

**TOMMY WEEKS CONSTRUCTION SERVICES, INC.**



Principal Place of Business

**5333 LAMAR SHAW CT  
RESIDENCE  
JACKSONVILLE FL 32258**

Mailing Address

**5333 LAMAR SHAW CT  
RESIDENCE  
JACKSONVILLE FL 32258**



2. Principal Place of Business - No P.O. Box #

**Jobsites (Home)**

3. Mailing Address

**5333 Lamar Shaw Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

**Jax FL**

City & State

**Jax FL**

4. FEI Number

**20-2424737**

Applied For

Not Applicable

Zip **32258**

Country **US Doral**

Zip **32258**

Country **US**

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 P Weeks**  
Street Address (P.O. Box Number is Not Acceptable)  
**5333 Lamar Shaw Ct**  
City **Jax** FL **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.

SIGNATURE

*Thomas Weeks*

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Feb 19-2008**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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 ☐ Delete  
NAME **P**  
STREET ADDRESS **WEEKS, THOMAS P**  
CITY-ST-ZIP **5333 LAMAR SHAW COURT  
JACKSONVILLE FL 32258**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Feb 19-2008**