

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P94000041231

Entity Name: WEEKS ENTERPRISES, INC.

**FILED**  
**Sep 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1025 SE 36TH TERRACE  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

678 MOURNING DOVE DR  
SARASOTA, FL 34236 US

**Current Mailing Address:**

1025 SE 36TH TERRACE  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

678 MOURNING DOVE DR  
SARASOTA, FL 34236 US

FEI Number: 65-0495125

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBERT, WEEKS G  
1025 SE 36TH TERRACE  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

ROBERT, WEEKS G  
678 MOURNING DOVE DR  
SARASOTA, FL 34236 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

09/29/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WEEKS, ROBERT G  
Address: 1025 SE 36TH TER.  
City-St-Zip: CAPE CORAL, FL 33904

Title: VP  
Name: WEEKS, ROBERT M  
Address: 678 MOURNING DOVE  
City-St-Zip: SARASOTA, FL 34236

Title: ST  
Name: WEEKS, SYLVIA  
Address: 678 MOURNING DOVE  
City-St-Zip: SARASOTA, FL 34236

I hereby 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 all other like empowered.

SIGNATURE: ROBERT G WEEKS

P

09/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date