


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 15, 2005 8:00 am**  
**Secretary of State**

06-15-2005 90093 027 \*\*\*550.00

DOCUMENT # P97000065399			
1. Entity Name WEEKS ROOFING COMPANY			
Principal Place of Business 1301 DEER RUN WINTER SPRINGS, FL 32708 US		Mailing Address P O BOX 622147 OVIEDO, FL 32762	
2. Principal Place of Business		3. Mailing Address 1301 Deer Run	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Winter Springs, FL	
Zip	Country	Zip	Country
32708	US	32708	Seminole
4. FEI Number 59-3459826		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FREDRICK, GAIL L 5269 ROCKINGHORSE PLACE OVIEDO, FL 32765		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDRICK, GAIL L	NAME	
STREET ADDRESS	5269 ROCKINGHORSE PLACE	STREET ADDRESS	
CITY-ST-ZIP	OVIEDO, FL 32765	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, MARGARET L	NAME	
STREET ADDRESS	1301 DEER RUN	STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Gail L. Fredrick</u>		Gail L. Fredrick President	
		May 31, 2005 407.695.2626	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

