

2004 FOR PROFIT CORPORATION ANNUAL REPORT

1/30/2004-90076-014-\$150.00-\$150.00

FILED

04 FEB -9- AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0870657

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEEKS, JAMES B JR.
3002 WAVERLY AVENUE
TAMPA, FL 34243

DO NOT WRITE
IN THIS SPACE

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 James B Weeks / PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/2004

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WEEKS, JAMES B 3002 WAVERLY AVE. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WEEKS, SUSAN E 3002 WAVERLY AVE. TAMPA, FL 33629
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IN THIS SPACE

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

James B Weeks / PRESIDENT