


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90432 015 ***158.75


DOCUMENT # P04000109358

1. Entity Name
IT'S ABOUT TIME INVESTMENT GROUP INC.



Principal Place of Business Mailing Address
5711 BOWDEN RD., STE. 15 PMB 311 **5711 BOWDEN RD., STE. 15 PMB 311**
JACKSONVILLE, FL 32216-0982 **JACKSONVILLE, FL 32216-0982**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01272005 Chg-P CR2E034 (10/03)

4. FEI Number	Applied For
	<input checked="" type="checkbox"/> Not Applicable

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

6. Name and Address of Current Registered Agent

SCOTT, WENDELL
578 STAFFORDSHIRE DR. EAST
JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent

Name
WENDELL SCOTT

Street Address (P.O. Box Number is Not Acceptable)
2952 COLD CREEK BLVD.

City **FL** Zip Code
JACKSONVILLE **32221**

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 Wendell Scott Wendell Scott DATE Apr. 30, 2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SCOTT, WENDELL	
STREET ADDRESS	578 STAFFORDSHIRE DR. EAST	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCKENZIE, JAMES	
STREET ADDRESS	333 LAURINA ST., STE. 229	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LEVERETT, BOBBY	
STREET ADDRESS	4042 PELICAN RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	T	<input type="checkbox"/> Delete
NAME	HURLEY, ROGER	
STREET ADDRESS	2329 GLADE SPRING DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEAMUS, TEDDY	
STREET ADDRESS	12371 BENTON HARBOR DR. SOUTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEMING, WILLIE	
STREET ADDRESS	8473 ROCK RIDGE DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, WENDELL	
STREET ADDRESS	2952 COLD CREEK BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, WILLIE	
STREET ADDRESS	8473 ROCK RIDGE DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY INGRAM	
STREET ADDRESS	1284 HIGHFIELD LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32068	

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: Willie Fleming Willie Fleming DATE APR 30, 2005 DAYTIME PHONE # 904-777-9324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40074686

Attachment

#PD41000109358

D
PATRICK H. TROUPE
6173 WODETTE WAY
JACKSONVILLE, FL 32277