2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094020

Entity Name: SERVICES ON TIME L.L.C.

FILED Feb 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8115 NORTH JUSTIN ROAD 4306 PLYMOUTH ST JACKSONVILLE, FL 32210

SUITE #1

JACKSONVILLE, FL 32205

Current Mailing Address: New Mailing Address:

8115 NORTH JUSTIN ROAD 4306 PLYMOUTH ST

JACKSONVILLE, FL 32210 SUITE#1

JACKSONVILLE, FL 32205

FEI Number: 51-0521601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PUGH, IDEAL SR PUGH, IDEAL SR. 4306 PLYMOUTH ST 8115 NORTH JUSTIN ROAD

JACKSONVILLE, FL 32210 US SUITE #1 JACKSONVILLE, FL 32205 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: IDEAL PUGH SR 02/10/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: (X) Change () Addition () Delete

PUGH, IDEAL SR. PUGH, IDEAL SR. Name: Name: Address: 8115 NORTH JUSTIN ROAD Address: 8384 CANDLEWOOD COVE TRAIL City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32244

Title: () Delete Title: MGR () Change (X) Addition

PUGH, SANDRA L MGR Name: Name: Address: Address: 8384 CANDLEWOOD COVE TRAIL City-St-Zip: City-St-Zip: JACSONVILLE, FL 32244

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: IDEAL PUGH SR 02/10/2007