

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90012 023 \*\*\*150.00

**DOCUMENT # 224344**

1. Entity Name  
**TIMES HOLDING CO**



Principal Place of Business  
**490 FIRST AVE S  
ST PETERSBURG, FL 33701**

Mailing Address  
**490 FIRST AVE S  
ST PETERSBURG, FL 33701**

40040403



02212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-6068199</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CORTY, ANDREW P  
490 FIRST AVENUE SOUTH  
ST PETERSBURG, FL 33701**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	PETTY, MARTHA
STREET ADDRESS	490 FIRST AVENUE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	PCD
NAME	TASH, PAUL
STREET ADDRESS	490 FIRST AVENUE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	DS
NAME	CORTY, ANDREW P
STREET ADDRESS	490 FIRST AVENUE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	D
NAME	GAILEY, PHILIP L
STREET ADDRESS	490 FIRST AVENUE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	T
NAME	JONES, JANA
STREET ADDRESS	490 FIRST AVENUE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Andrew P. Corty*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Andrew P. Corty**

**3/15/08**

Date

**727/893-8204**

Daytime Phone #