# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Jan 29, 2004 8:00 am**
**Secretary of State**
01-29-2004 90029 045 ***158.75

DOCUMENT # 302503

1. Entity Name

ALLIED TIME * USA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 704 PARK AVE. WEST<br>SUITE H<br>EDGEWATER FL 32132<br>US | P.O. BOX 399<br>EDGEWATER FL 32132-0399<br>US |

MOORE CR2E034 (11/03)

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

4. FEI Number 59-1150606 ☐ Applied For ☐ Not Applicable

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

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

JOHANSON, DONALD C.
438 BOUCHELLE DR (ADDRESS CHANGE ONLY)
UNIT 303
NEW SMYRNA BEACH FL 32169

**7. Name and Address of New Registered Agent**

Name: **Donald C. Johanson**

Street Address (P.O. Box Number is Not Acceptable)

**211 Tree Branch Lane**
**Edgewater, FL 32141** **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: DONALD C. JOHANSON, President — JAN. 21, 2004

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, 2004 Fee will be $550.00**
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PT<br>JOHANSON, DONALD C<br>438 BOUCHELLE DR UNIT 303<br>NEW SMYRNA BEACH FL 32169 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PT<br>Donald C. Johanson<br>211 Tree Branch Lane<br>Edgewater, FL 32141 | ☒ Change ☐ Addition<br>ADDRESS CHANGE ONLY |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPS<br>JOHANSON, BETTY L<br>438 BOUCHELLE DR UNIT 303<br>NEW SMYRNA BEACH FL 32169 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPS<br>Betty Johanson<br>211 Tree Branch Lane<br>Edgewater, FL 32141 | ☒ Change ☐ Addition<br>ADDRESS CHANGE ONLY |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>STANAITIS, GEORGIA<br>228 OLD MISSION ROAD<br>EDGEWATER FL 32132 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** DONALD C JOHANSON PRESIDENT JAN. 21, 2004 (386) 409-7026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #