

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000001993



1. Entity Name

TIME & SEASONS, INC.

Principal Place of Business
**3724 MISTWOOD DRIVE
TAMPA FL 33619**

Mailing Address
**P.O. BOX 1386
MANGO FL 33550-1386**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **41-2123856**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAMUELS, CAROLYN M
3724 MISTWOOD DRIVE
TAMPA FL 33619**

Name

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

City

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTCD** ☐ Delete
NAME **SAMUELS, CAROLYN M**
STREET ADDRESS **3724 MISTWOOD DRIVE**
CITY-STATE-ZIP **TAMPA FL 33619**

TITLE **VC** ☐ Delete
NAME **SAMUELS, CAROLYN M**
STREET ADDRESS **3724 MISTWOOD DRIVE**
CITY-STATE-ZIP **TAMPA FL 33619**

TITLE **S** ☐ Delete
NAME **SAMUELS, JOSHUA S**
STREET ADDRESS **3724 MISTWOOD DRIVE**
CITY-STATE-ZIP **TAMPA FL 33619**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 I am empowered

SIGNATURE

Carolyn M. Samuels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carolyn M. Samuels 2/13/07 813-770-4658