

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # F05000002818

1. Entity Name
TIME RECORDERS, UNLIMITED INC.



Principal Place of Business
**1451 W CYPRESS CREEK ROAD, STE 300
FT. LAUDERDALE, FL 33309**

Mailing Address
**STE 35 REGENCY PLAZA
871 GALTIMORE PIKE
GLEN MILLS, PA 19342**



05032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2315129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ORCHARD, RONALD
1451 W CYPRESS CREEK ROAD, STE 300
FT. LAUDERDALE, FL 33309**

**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
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BIDDLE, JOHN L JR
STREET ADDRESS	1726 GALEY STREET
CITY-ST-ZIP	BOOTHWYN, PA 19061

TITLE	VC
NAME	BIDDLE, SCOTT
STREET ADDRESS	72 COLONIAL CIRCLE
CITY-ST-ZIP	THORNTON, PA 19373

TITLE	V
NAME	BIDDLE, CHRISTOPHER
STREET ADDRESS	107 COLT'S NECK DRIVE
CITY-ST-ZIP	HOCKESSIN, DE 19707

TITLE	ST
NAME	BIDDLE, CONSTANCE K
STREET ADDRESS	1726 GALEY STREET
CITY-ST-ZIP	BOOTHWYN, PA 19061

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/25/07-80083-025 150.00

**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: Constance K Biddle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-07 610-361-2033
Date Daytime Phone #