

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90184 041 ***150.00

DOCUMENT # F96000005118

1. Entity Name
TIME SERVICE, INC.



Principal Place of Business
245 23RD ST.
TOLEDO, OH 43624

Mailing Address
245 23RD ST.
TOLEDO, OH 43624

50044910



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262006 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
34-4373785

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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 reappointing)

DATE

**FILE NOW! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 **P** ☐ Delete
NAME **GOLDBERG, LAWRENCE**
STREET ADDRESS **3685 WILD PHEASANT LANE**
CITY-ST-ZIP **SYLVANIA, OH 43680**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PERLMUTTER, SHIMON**
STREET ADDRESS **7061 E MCDONALD DR**
CITY-ST-ZIP **SCOTTSDALE, AZ 85253**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **PERLMUTTER, STEVEN**
STREET ADDRESS **6943 LEICESTER**
CITY-ST-ZIP **TOLEDO, OH 43624**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DC** ☐ Delete
NAME **PERLMUTTER, DAVID**
STREET ADDRESS **7128 REGENT'S PARK BLVD.**
CITY-ST-ZIP **TOLEDO, OH 43617**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PERLMUTTER, DONALD**
STREET ADDRESS **3500 KERSDALE**
CITY-ST-ZIP **PEPPER PIKE, OH 44124**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **KERSTEN, JAMES**
STREET ADDRESS **245 23RD STREET**
CITY-ST-ZIP **TOLEDO, OH 436241033**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

James Kersten **TREASURER**

4-25-05

419-241-4181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Days to Phone 2