

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90510 040 ***150.00

DOCUMENT # J98052

1. Entity Name

GOODTIME PRINTING, INC.



Principal Place of Business

1522 E SILVER SPRINGS BLVD
OCALA FL 34470-6818
US

Mailing Address

1522 E SILVER SPRINGS ROAD
OCALA FL 34470-6818
US

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

59-2858386

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

GREEN, JAMES K.
1522 E. SILVER SPRINGS BLVD
OCALA FL 34470

Name

WHITE ROBERT L. JR.

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

1522 E Silver Springs Blvd

City

Ocala

FL

Zip Code

34470

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

Robert L White Jr
Signature, typed or printed name of registered agent and title, if applicable.

ROBERT L WHITE JR

(NOTE: Registered Agent Signature required when reinstating)

3.26.04

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GREEN, JAMES K.	
STREET ADDRESS	2401 N.E. 35TH ST.	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GREEN, MARIE	
STREET ADDRESS	2401 N.E. 35TH ST.	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WHITE, JR., ROBERT L	
STREET ADDRESS	400 SE 48 AVE.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, JR., ROBERT L	
STREET ADDRESS	400 SE 48 AVE.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHITE, ROBERT LEE	
STREET ADDRESS	4900 NE 11TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, KIMERLY L	
STREET ADDRESS	400 SE 48 AVE.	
CITY-ST-ZIP	OCALA FL 34471	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT L. WHITE JR	
STREET ADDRESS	400 SE 48th AVE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	KIMBERLY L WHITE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRESIDENT	
STREET ADDRESS	400 SE 48th AVE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT L WHITE JR	
STREET ADDRESS	400 SE 48th AVE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

Robert L White Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT WHITE

Date

3.26.04

Daytime Phone #

352.629.8838