2005 FOR PROFIT CORPORATION

ANNUAL REPORT FILED DOCUMENT # J98052 Mar 23, 2005 08:00 AM 1. Entity Narrie **Secretary of State** GOODTIME PRINTING, INC. Principal Place of Business Mailing Address 1522 ESILVERSPRINGBBLVD 1522 ESLVERSPRINGSROYD CONLA FL 34470-6818 US OOALA, FL 34470-6818 US No Chg-P CR2E034 (10/03) 02042005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2858386 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WHITE, ROBERT L JR. DO NOT WRITE 1522 E. SILVER SPRINGS BLVD OCALA, FL 34470 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, typod or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, TIFLE NAME WHITE, ROBERT L JR. STREET ADDRESS 400 SE 48TH AVE OCALA, FL 34471 CITY-ST-ZIP VP TMF 000000273609 03/23/05-80036-002 150.00 WHITE, KIMBERLY L NAME STREET ADDRESS 400 SE 48TH AVE OCALA, FL 34471 CITY-SY-7IP TITLE WHITE, JR., ROBERT L NAME STREET ADDRESS 400 SE 48 AVE. DO NOT WRITE OCALA, FL. 34471 CITY-ST-ZIP IN THIS SPACE TITLE WHITE, ROBERT L JR NAME 400 SE 48TH AVE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34471 WHITE, KIMERLY L NAME 400 SE 48 AVE. STREET ADDRESS CITY-ST-ZIP OCALA, FL 34471 TITLE

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 approvered.

SIGNATURE: _

STREET ADDRESS

3-21-05 352.629