


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # K32342 1. Entity Name GOOD-TIME PRINTING, ETC., INC. |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 2502 OKEECHOBEE ROAD FORT PIERCE, FL 34947 US | Mailing Address 2502 OKEECHOBEE ROAD FORT PIERCE, FL 34947 US |
|---|---|



DO NOT WRITE IN THIS SPACE

06022004 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0072452 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$3.75 Additional Fee Required |
|---|-----------------------------------|

6. Name and Address of Current Registered Agent

RHOAT, RAYMOND
2010 ST. LUCIE BLVD
FORT PIERCE, FL 34946

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

1100000171751
09/08/04 00004 002 550.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTD RHOAT, RAYMOND A. 2010 ST. LUCIE BLVD FORT PIERCE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST RHOAT, JAN D. 2402 S. 19TH STREET FORT PIERCE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: JAN D. RHOAT JAN D. RHOAT 9/2/04 772-464-6047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #