

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # K91201

1. Entity Name
TIMOTHY'S, INC.



Principal Place of Business
**236 PARK AVE NORTH
WINTER PARK, FL 32789 US**

Mailing Address
**236 PARK AVE NORTH
WINTER PARK, FL 32789 US**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2952809

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUCE, W. ALAN
1416 LAKE SHORE DR.
ORLANDO, FL 32803**

**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

W. Alan Luce

W. Alan Luce

1/11/06

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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

**000000387581
01/19/06-80044-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	LUCE, W. ALAN
STREET ADDRESS	1416 LAKE SHORE DR.
CITY - ST - ZIP	ORLANDO, FL 32803
TITLE	P
NAME	LUCE, CAROLYN R.
STREET ADDRESS	1416 LAKE SHORE DR.
CITY - ST - ZIP	ORLANDO, FL 32803
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 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:

Carolyn R. Luce

Carolyn R. Luce 1/11/06 (407)629-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #