

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # P00000023206

1. Entity Name
TIME MACHINE OF JACKSONVILLE, INC.



Principal Place of Business
**1318 CESERY BLVD
JACKSONVILLE, FL 32211**

Mailing Address
**1318 CESERY BLVD
JACKSONVILLE, FL 32211**



03072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3626696

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WRIGHT, WILLIAM C
1318 CESERY BLVD
JACKSONVILLE, FL 32211**

**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

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, 2008 Fee will be \$530.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WRIGHT, WILLIAM C
STREET ADDRESS	6160 WINDING BRIDGE DR
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	VP
NAME	GREMER, ROBERT L
STREET ADDRESS	4117 WILCREST CIR E
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	ST
NAME	WRIGHT, JENNIFER
STREET ADDRESS	6160 WINDING BRIDGE DR
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000854456
03/27/08-80007-022 150.00

**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: *Jennifer W. Wright Sec Treas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-08 904-743-9666
Date Daytime Phone #