


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000027897</b> 1. Entity Name <b>GO TIME, INC.</b>	
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Principal Place of Business <b>4025 PINE RIDGE RD EXT NAPLES, FL 34119</b>	Mailing Address <b>4025 PINE RIDGE RD EXT NAPLES, FL 34119</b>
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**DO NOT WRITE IN THIS SPACE**



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3632374</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**STETLER, RONALD L  
8889 PELICAN BLVD, SUITE 300  
NAPLES, FL 34108**

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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.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WOODWARD, TIMOTHY S 775 3RD ST NW NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WOODWARD, JUDY 775 3RD ST NW NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOODWARD, WALTER H 775 3RD STREET NW NAPLES, FL 34120
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03/31/05-80007-006 150.00

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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: *Judy C Woodward* 103-29-05 239-354-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9839

JUDY C WOODWARD