

FILED  
Apr 26, 2005 8:00 am  
Secretary of State

04-26-2005 90141 050 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      |                                                                                                                    |                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P00000064141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      |                                   |                                                                                                                                                 |
| 1. Entity Name<br>TIME DELAYS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |                                                                                                                    |                                                                                                                                                 |
| Principal Place of Business<br>P.O. BOX 494<br>DESTIN, FL 32540                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      | Mailing Address<br>P.O. BOX 494<br>DESTIN, FL 32540                                                                |                                                                                                                                                 |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      | 2. Mailing Address                                                                                                 |                                                                                                                                                 |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      | Suite, Apt. #, etc.                                                                                                |                                                                                                                                                 |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      | City & State                                                                                                       |                                                                                                                                                 |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      | Zip                                                                                                                |                                                                                                                                                 |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      | Country                                                                                                            |                                                                                                                                                 |
| 3. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      | 3. Name and Address of New Registered Agent                                                                        |                                                                                                                                                 |
| FISHER, TOM H<br>281 STAHLMAN AVE<br>DESTIN, FL 32541                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code                                  |                                                                                                                                                 |
| 6. 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 re-instating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      |                                                                                                                    |                                                                                                                                                 |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |                                                                                                                                                 |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                              |                                                                                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PRES<br>FISHER, TOM H DIR<br>281 STAHLMAN AVENUE<br>DESTIN, FL 32541 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                 | PRES<br>TOM H FISHER<br>900 GULFSHORE DR. #3063<br>DESTIN FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VP<br>FISHER, JUDY D TREASUR<br>STAHLMAN AVE<br>DESTIN, FL 32541 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SEC<br>ALLEN, KELLEY SEC<br>281 STAHLMAN AVE<br>DESTIN, FL 32541 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |
| 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: _____ Pres. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                      | Date: 4-12-05 Daytime Phone #: 903 849 7070                                                                        |                                                                                                                                                 |