2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000064141

1. Entity Name
TIME DELAYS, INC.

Principal Place of Business	Mailing Address
4015 DRIFTING SAND TRAIL DESTIN, FL 32541	TIME DELAYS INC P O BOX 921 DESTIN, FL 32540

03032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
24-0842629
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FISHER, TOM H
4015 DRIFTING SAND TRAIL
DESTIN, FL 32541

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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: Tom H Fisher, Pres. 3-26-08
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 $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	FISHER, TOM H
STREET ADDRESS	4015 DRIFTING SAND TRAIL
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	VP
NAME	FISHER, JUDY D TREASUR
STREET ADDRESS	4015 DRIFTING SAND TRAIL
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	SEC
NAME	ALLEN, KELLEY SEC
STREET ADDRESS	900 GULFSHORE DR #3063
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/08-80083-002 150.00

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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: Tom H Fisher, Pres. TOM H FISHER 3-26-08 (850)424-6694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #