


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 29, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000017910  
 1. Entry Name  
 FAIRTIME, INC.



Principal Place of Business 380 SOUTH SR 434 ALTAMONTE SPRINGS, FL 32714	Mailing Address 380 SOUTH STATE RD 434 #1004-278 ALTAMONTE SPRINGS, FL 32714
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**DO NOT WRITE IN THIS SPACE**



05092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3698224	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 NEGUS, SUSAN  
 380 SOUTH STATE RD 434 #1004-278  
 ALTAMONTE SPRINGS, FL 32714

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEGUS, SUSAN 380 SOUTH STATE RD 434 #1004-278 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, WALTER 380 SOUTH STATE RD 434 #1004-278 ALTAMONTE SPRINGS, FL 32714
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 06/04/08-80090-007 150.00

**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: X Susan Negus Date: X 5/25/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #