

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90191 015 ***150.00

DOCUMENT # P02000009555

1. Entity Name
TIME & MONEY IS FREEDOM, INC.



Principal Place of Business
**800 W. CYPRESS CREEK RD.
SUITE 470
FORT LAUDERDALE, FL 33309 US**

Mailing Address
**800 W. CYPRESS CREEK RD.
SUITE 470
FORT LAUDERDALE, FL 33309 US**

4000000

2. Principal Place of Business - No P.O. Box #
800 W. CYPRESS CREEK RD.

Suite, Apt. #, etc.
SUITE 465

City & State
FORT LAUDERDALE, FL

Zip
33309

Country
USA

3. Mailing Address
800 W. CYPRESS CREEK RD.

Suite, Apt. #, etc.
SUITE 465

City & State
FORT LAUDERDALE, FL

Zip
33309

Country
USA

04242007 Chg-P CR2E034 (12/06)

4. FEI Number
36-4497742

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LEGEL, LARRY PTSD
800 W CYPRESS CREEK RD.
SUITE 470
FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name
LEGEL, LARRY

Street Address (P.O. Box Number is Not Acceptable)
800 W. CYPRESS CREEK RD.

SUITE 470

City
FORT LAUDERDALE

FL Zip Code
33309

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD LEGEL, LARRY PTSD 800 W CYPRESS CREEK RD STE 470 FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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:

Larry Legel **LARRY LEGEL**

PRES 4-24-7 954 893 8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #