

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000011057

1. Entity Name
OLD TIMERS CORPORATION



Principal Place of Business
5719 LAFAYETTE ST.
NEW PORT RICHEY, FL 34652

Mailing Address
5719 LAFAYETTE ST.
NEW PORT RICHEY, FL 34652

FILED
Apr 13, 2007 08:00 A
Secretary of State



03242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0064981

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KARAY, BEVA S
5719 LAFAYETTE ST.
NEW PORT RICHEY, FL 34652

**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

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	D
NAME	KARAY, BEVA S
STREET ADDRESS	5719 LAFAYETTE ST.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	D
NAME	STEVENSON, WILMON
STREET ADDRESS	5719 LAFAYETTE ST.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000703711
04/20/07-80151-018 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beva S. Karay Beva S. Karay

4/12/07

Date

727-849-2837

Daytime Phone #