FILED
Jun 02, 2005 8:00 am
Secretary of State
04-29-2005 90181 039 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000049600

1. Entity Name
TIM WARD, INC.

Principal Place of Business: ~~3624 GALWAY DR NEW PORT RICHEY, FL 34652~~

Mailing Address: ~~3624 GALWAY DR NEW PORT RICHEY, FL 34652~~

66020573

04112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 8705 Scrimshaw Dr.
Suite, Apt. #, etc.: —
City & State: New Port Richey, FL
Zip: 34653 Country: US

3. Mailing Address: 8705 Scrimshaw Dr.
Suite, Apt. #, etc.: —
City & State: New Port Richey, FL
Zip: 34653 Country: US

4. FEI Number: 02-0594832 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
WARD, TIMOTHY
~~3624 GALWAY DR~~
~~NEW PORT RICHEY, FL 34652~~

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): 8705 Scrimshaw Dr.
New Port Richey FL Zip Code 34653

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARD, TIMOTHY ~~3624 GALWAY DR~~ ~~NEW PORT RICHEY, FL 34652~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8705 Scrimshaw Dr. New Port Richey, FL 34653
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 5-23-05 (727) 858 6329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #