

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90059 020 ***150.00

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| DOCUMENT # P03000001130 1. Entity Name ANYTIME TREETIME, INC. | | | |
| Principal Place of Business 3315 FLAMINGO LANE MAULBERRY, FL 33860 | | Mailing Address 3315 FLAMINGO LANE MAULBERRY, FL 33860 | |
| 2. Principal Place of Business 3229 BROOK DR Suite, Apt. #, etc. | | 3. Mailing Address PO Box 7453 Suite, Apt. #, etc. | |
| City & State LAKELAND FL Zip 33811-1643 | | City & State LAKELAND FL Zip 33807-7453 | |
| 4. FEI Number 06-1667533 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JOHNSON, MARK W 3315 FLAMINGO LANE MAULBERRY, FL 33860 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3229 BROOK DR City LAKELAND FL Zip Code 33811-1643 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P JOHNSON, MARK W 3315 FLAMINGO LANE MAULBERRY, FL 33860 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST HICKEY, GENIFER M 3315 FLAMINGO LANE MAULBERRY, FL 33860 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: Genifer Hickey | | Genifer Hickey - Vice Pres - 3-2-04 698-1090 | |