

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000006390

FILED
Jan 03, 2008
Secretary of State

Entity Name: ON TIME HOME IMPROVEMENT, INC.

Current Principal Place of Business:

12260 SW 53RD ST UNIT 607
COOPER CITY, FL 33330

New Principal Place of Business:

Current Mailing Address:

12260 SW 53RD ST UNIT 607
COOPER CITY, FL 33330

New Mailing Address:

FEI Number: 59-3763946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHASE, TAMARA J
12260 SW 53RD ST UNIT 607
COOPER CITY, FL 33330 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CHASE, JOHN F
Address: 12470 SW 10TH CT
City-St-Zip: DAVIE, FL 33325

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CHASE, JOHN F
Address: 12260 SW 53RD ST UNIT 607
City-St-Zip: COOPER CITY, FL 33330

Title: VP () Change (X) Addition
Name: CHASE, TAMARA J
Address: 12260 SW 53RD ST UNIT 607
City-St-Zip: COOPER CITY, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN F CHASE

PRES

01/03/2008

Electronic Signature of Signing Officer or Director

_____ Date