

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90026 040 ***150.00

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1. Entity Name
TIME & TREASURES, INC.



Principal Place of Business
**602 S. TYDALL PARKWAY
PANAMA CITY, FL 32404**

Mailing Address
**P.O. BOX 35123
PANAMA CITY, FL 32412-5123**

40033300



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3681215	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

**ADAMS, KENNETH L SR
602 S TYNDELL PARKWAY
PANAMA CITY, FL 32412-5123**

**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, 2008 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	P ADAMS, KENNETH L SR P.O. BOX 35123 PANAMA CITY, FL 324125123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ADAMS, KATHLEEN A P.O. BOX 35123 PANAMA CITY, FL 324125123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

Note:
The correct spelling
of street address is:
602 S Tyndall Pkwy.

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: Kathleen A. Adams **Kathleen A. Adams**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-08
Date

950-872-9195
Daytime Phone #