

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059823

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: TIMOTHY ASSOCIATES, INC.

## Current Principal Place of Business:

4765 BONAIRE CAY  
DESTIN, FL 32541

## New Principal Place of Business:

## Current Mailing Address:

4765 BONAIRE CAY  
DESTIN, FL 32541

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PERRI, DANIEL C  
4 ELEVENTH AVE STE 1  
SHALIMAR, FL 32579

## 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: D ( ) Delete  
Name: TIMOTHY, TOM  
Address: 4765 BONAIRE CAY  
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete  
Name: TIMOTHY, LINDA  
Address: 4765 BONAIRE CAY  
City-St-Zip: DESTIN, FL 32541

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: TIMOTHY, THOMAS E  
Address: 4765 BONAIRE CAY  
City-St-Zip: DESTIN, FL 32541

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS E. TIMOTHY

PRES

04/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date