

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000074952**

**1. Entity Name**

**HIGH TIME DEVELOPMENT COMPANY INC.**



**Principal Place of Business**

**P.O.BOX 985  
OLD TOWN FL 32680**

**Mailing Address**

**P.O.BOX 985  
OLD TOWN FL 32680**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. # etc

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**56-2382914**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HERRING, H. DALE  
HWY 19 S  
OLD TOWN FL 32680**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**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** P ☐ Delete  
**NAME** HERRING, H. DALE  
**STREET ADDRESS** P.O.BOX 985  
**CITY-ST-ZIP** OLD TOWN FL 32680

**TITLE** ☐ Change ☐ Addition  
**NAME** **U00000070014**  
**STREET ADDRESS** **03/01/04-80030-004**  
**CITY-ST-ZIP** **150.00**

**TITLE** S ☐ Delete  
**NAME** HERRING, KIMBERLY C  
**STREET ADDRESS** P.O.BOX 985  
**CITY-ST-ZIP** OLD TOWN FL 32680

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-18-04**

Date

**352 542 7835**

Daytime Phone #