

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088248

FILED  
Jan 20, 2004  
Secretary of State

Entity Name: TIME INSURANCE AGENCY INC.

**Current Principal Place of Business:**

115 W. OLYMPIA AVE.  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

115 W. OLYMPIA AVE.  
PUNTA GORDA, FL 33950

**New Mailing Address:**

FEI Number: 20-0182885

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOTTEN, LESLIE L  
2805 TAMIAMI TRAIL  
PUNTA GORDA, FL 33950 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD ( ) Change (X) Addition  
Name: GOMES, ROBERT L  
Address: 115 W. OLYMPIA AVE.  
City-St-Zip: PUNTA GORDA, FL 33950

Title: SEC ( ) Change (X) Addition  
Name: GOMES, TAMRA  
Address: 115 W. OLYMPIA AVE.  
City-St-Zip: PUNTA GORDA, FL 33950

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: ROBERT L. GOMES

PSD

01/20/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date