

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90020 018 \*\*\*158.75

<b>DOCUMENT # P03000107855</b> 1. Entity Name <b>GOOD TIME PROPERTIES INC.</b>					
Principal Place of Business <b>6190 PLUMOSA AVE FORT MYERS, FL 33908</b>				Mailing Address <del>6190 PLUMOSA AVE FORT MYERS, FL 33908</del>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>3620 BROADWAY AVE W</b>  Suite, Apt. #, etc.			
City & State Zip      Country		City & State <b>ESTERO FL</b> Zip      Country <b>33928 USA</b>		4. FEI Number <b>74-3111625</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				07192005      Chg-P      CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>DYKES JR, TOMMY B 6190 PLUMOSA AVE FORT MYERS, FL 33908</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3620 BROADWAY AVE W</b> City      State      Zip Code <b>ESTERO FL 33928</b>		
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: <u><i>[Signature]</i></u> DATE: <u>7-19-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE      P <input type="checkbox"/> Delete NAME <b>DYKES JR., TOMMY B</b> STREET ADDRESS <del>6190 PLUMOSA AVE</del> CITY-ST-ZIP <b>FORT MYERS, FL 33908</b>			TITLE <b>PSTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>3620 BROADWAY AVE W</b> STREET ADDRESS <b>ESTERO FL 33928</b> CITY-ST-ZIP		
TITLE <del>VP</del> <input checked="" type="checkbox"/> Delete NAME <del>MARTONE, J.D.</del> STREET ADDRESS <b>1421 SW 12TH AVE SUITE E</b> CITY-ST-ZIP <b>ROMPANO BCH, FL 33069</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>7-19-05</u> Daytime Phone #: <u>239-707-5379</u>		