2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

Apr 08, 2004 8:00 am Secretary of State DOCUMENT # P03000124075 1. Entity Name 04-08-2004 90009 014 ***150.00 FATHER TIME CLOCKS AND COLLECTIBLES, INC. Mailing Address Principal Place of Business 607 N WALKER RD 607 N WALKER RD PLANT CITY FL 33565 PLANT CITY FL 33565 2. Principal Place of Business 3. Mailing Address 607N WALKER ST 607N WALKER ST Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 04-3780189 DLANT Not Applicable カロヘルナ \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FUTCH, DAVID A Street Address (P.O. Box Number is Not Acceptable) 607 N WALKER RD WALKER, STREET PLANT CITY FL 33565 City PLANT CITY 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 ag FUTCH, PRESIDENT SIGNATURE ed Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition DΡ Delete TITLE TITLE DAVID A FUTCH NAME NAME FUTCH, DAVID A GOTN WALLER ST STREET ADDRESS 607 N WALKER RD STREET ADDRESS PLANT CITY, FL 33563 CITY-ST-ZIP PLANT CITY FL 33565 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tillie Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED