


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90006 019 \*\*\*558.75

<b>DOCUMENT # P03000146478</b>	
1. Entity Name <b>JUSTINE TIME STUDIO, INC.</b>	

Principal Place of Business <b>3909 INDIAN RIVER DRIVE FORT PIERCE, FL 34982</b>	Mailing Address <b>3909 INDIAN RIVER DRIVE FORT PIERCE, FL 34982</b>
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2. Principal Place of Business <b>St. Lucie Co. Florida</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip - - - - - Country	Zip - - - - - Country

	
07062004 Chg-P	CR2E034 (10/03)
4. FEI Number <b>56-2414058</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>MADDEN, JOHN W ESQ JOHN MADDEN &amp; ASSOCIATES, P.A. 789 SOUTH FEDERAL HIGHWAY., STE 310 STUAR, FL 34994</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

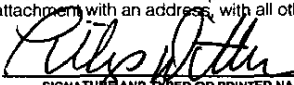
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DITTMER, PHILIP 3909 INDIAN RIVER DRIVE FORT PIERCE, FL 34982</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SIGEL, JUSTINE 3909 INDIAN RIVER DRIVE FORT PIERCE, FL 34982</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **Philip Dittmer** 7-10-04 772 429 5308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

772 322-0723 cell