


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90025 024 \*\*\*150.00

<b>DOCUMENT # P04000091283</b> 1. Entity Name <b>TIME BANDIT, INC.</b>					
Principal Place of Business <b>1600 NE DIXIE HIGHWAY BUILDING 10 UNIT 106 JENSEN FL 34957</b>			Mailing Address <b>105 LIGHTERLOG LANE AUBURNDAL FL 33823</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 1675</b> Suite, Apt. #, etc.			
City & State <b>Jensen Beach FL</b>		City & State <b>Jensen Beach FL</b>		4. FEI Number <b>20-1209566</b>	
Zip <b>34958</b>		Country <b>Martin</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HICKS, ROBERT L 105 LIGHTERLOG LANE AUBURNDAL FL 33823</b>			7. Name and Address of New Registered Agent Name <b>Hicks, Robert L</b> Street Address (P.O. Box Number is Not Acceptable) <b>1600 N.E. Dixie Hwy 10-106</b> City <b>Jensen Beach, FL</b> Zip Code <b>34957</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HICKS, ROBERT L</b> <b>105 LIGHTERLOG LANE</b> <b>AUBURNDAL FL 33823</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Hicks, Robert L</b> <b>1600 N.E. Dixie Hwy 10-106</b> <b>Jensen Beach, FL 34957</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>HICKS, CAROLYN</b> <b>105 LIGHTERLOG LANE</b> <b>AUBURNDAL FL 33823</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>Hicks Carolyn</b> <b>1600 N.E. Dixie Hwy 10-106</b> <b>Jensen Beach, FL 34957</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: \_\_\_\_\_

**Robert L Hicks**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-7-05**

Date

**772-232-0302**

Daytime Phone #