

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90432 015 ***158.75

DOCUMENT # P04000109358

1. Entity Name
IT'S ABOUT TIME INVESTMENT GROUP INC.



Principal Place of Business
5711 BOWDEN RD., STE. 15 PMB 311
JACKSONVILLE, FL 32216-0982

Mailing Address
5711 BOWDEN RD., STE. 15 PMB 311
JACKSONVILLE, FL 32216-0982

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01272005

Chg-P

CR2E034 (10/03)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, WENDELL
578 STAFFORDSHIRE DR. EAST
JACKSONVILLE, FL 32225

Name
WENDELL SCOTT

Street Address (P.O. Box Number is Not Acceptable)
2952 COLD CREEK BLVD.

City
JACKSONVILLE

FL

Zip Code
32221

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 Wendell Scott Wendell Scott Apr. 30, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
SCOTT, WENDELL
578 STAFFORDSHIRE DR. EAST
JACKSONVILLE, FL 32225 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SCOTT, WENDELL
2952 COLD CREEK BLVD.
JACKSONVILLE, FL 32221 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
MCKENZIE, JAMES
333 LAURINA ST., STE. 229
JACKSONVILLE, FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
LEVERETT, BOBBY
4042 PELICAN RD.
JACKSONVILLE, FL 32207 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
FLEMING, WILLIE
8473 ROCK RIDGE DR.
JACKSONVILLE, FL 32244 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
HURLEY, ROGER
2329 GLADE SPRING DR.
JACKSONVILLE, FL 32246 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DEAMUS, TEDDY
12371 BENTON HARBOR DR. SOUTH
JACKSONVILLE, FL 32225 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
FLEMING, WILLIE
8473 ROCK RIDGE DR.
JACKSONVILLE, FL 32244 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
TERRY INGRAM
1284 HIGHFIELD LANE
JACKSONVILLE, FL 32068 ☐ Change ☒ 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: Willie Fleming Willie Fleming
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 30, 2005 9047779324
Date Daytime Phone #

40074686

Attachment

#PD41000109358

D

PATRICK H. TROUPE

6173 WOODETTE WAY

JACKSONVILLE, FL 32277