
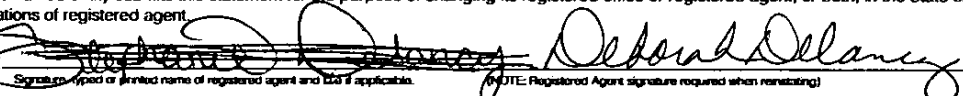



**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90285 016 \*\*\*150.00

DOCUMENT # P04000111186			
1. Entity Name ALWAYS ON TIME ENTERPRISES, INC			
Principal Place of Business 4809 SAVANAH ROAD JENSEN BEACH, FL 34957		Mailing Address 4809 SAVANAH ROAD JENSEN BEACH, FL 34957	
2. Principal Place of Business 4809 NE Savannah Rd		3. Mailing Address 4809 NE Savannah Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jensen Beach, FL		City & State Jensen Beach, FL	
Zip 34957	Country USA	Zip 34957	Country USA
4. FEI Number 20-1420342		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NINETHIRTYSECONDS, USA, INC 2201 SE INDIAN STREET UNIT A-1 STUART, FL 34997		7. Name and Address of New Registered Agent Name: Deborah Delancy Street Address (P.O. Box Number is Not Acceptable) 4809 NE Savannah Rd. City: Jensen Beach FL Zip Code: 34957	
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: 		DATE: 4/25/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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/D DELANCY, STEPHANIE 4809 NE SAVANAH ROAD JENSEN BEACH, FL 34957 <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	VP/D CARTER, GODFREY 4809 NE SAVANAH ROAD JENSEN BEACH, FL 34957 <input checked="" 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	S DELANCY, DEBORAH 4809 NE SAVANAH ROAD JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/S Delancy, Deborah 4809 NE Savannah Rd. Jensen Beach, FL 34957 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIOS, ELIZABETH 4809 NE SAVANAH ROAD JENSEN BEACH, FL 34957 <input checked="" 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: 		DATE: 4/25/05 772-334-8880	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	