2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 07, 2005 8:00 am
Secretary of State
01-12-2005 90016 019 ***158.75

DOCUMENT # P04000133666

1. Entity Name
ON TIME MANAGEMENT, INC.

Principal Place of Business	Mailing Address
5510 RIVER RD STE 114 NEW PORT RICHEY, FL 34652	5510 RIVER RD STE 114 NEW PORT RICHEY, FL 34652

66001280

01072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5510 River Rd St. 114	PO Box 969
Suite, Apt. #, etc. 114	Suite, Apt. #, etc.
City & State: New Port Richey	City & State: New Port Richey
Zip: F 34652 Country: Pasco	Zip: FL Country: 34656

4. FEI Number 37-1497306 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ARRIAGA, RAFAEL~~
5510 RIVER RD STE 114
NEW PORT RICHEY, FL 34652

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: Rafael Arriaga 7 Jan-05
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	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ARRIAGA, RAFAEL		NAME	
STREET ADDRESS	5510 RIVER RD STE 114		STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Rafael Arriaga 2/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RAFAEL ARRIAGA
Director