

2006 FOR PROFIT CORPORATION ANNUAL REPORT

04-03-2006 90402 018 ****70.00
P04000171520

FILED

06 APR 28 PM 3: 51

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000171520

1. Entity Name
TIME FOR FREEDOM MANAGEMENT COMPANY, INC.



Principal Place of Business
50 N.E. 35TH STREET
OCALA, FL 34479

Mailing Address
P.O. BOX 819
OCALA, FL 34478-0819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132006

Chg-P

CR2E034 (11/05)

4. FEI Number

APPLIED FOR 59-271223

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

DECASREO, BERNIE
50 N.E. 35TH STREET
OCALA, FL 34479

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

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, 2006 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 PD
NAME EDWARDS, STEVE
STREET ADDRESS 85 S.W. 52ND AVENUE
CITY-ST-ZIP Ocala, FL 34474 ☐ Delete

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

TITLE VD
NAME CURINGTON, DAN
STREET ADDRESS 2652 N.E. 24TH STREET
CITY-ST-ZIP Ocala, FL 34470 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200074359912
05/11/06--01005--019 **80.00

TITLE STD
NAME BOOTH, AL
STREET ADDRESS 3021 S.W. 27TH AVENUE UNIT 2
CITY-ST-ZIP Ocala, FL 34474 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/06

Date

Daytime Phone #