

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000028709

FILED
Apr 25, 2012
Secretary of State

Entity Name: COMFORT TIME, INC.

Current Principal Place of Business:

2985 ENTERPRISE RD
STE D
DEBARY, FL 32713 US

New Principal Place of Business:

Current Mailing Address:

2985 ENTERPRISE RD
STE D
DEBARY, FL 32713 US

New Mailing Address:

FEI Number: 20-4420028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAFER, BONNIE
688 N THORPE
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P,VP
Name: SHAFER, BONNIE
Address: 688 N THORPE
City-St-Zip: ORANGE CITY, FL 32763 US

Title: S,T
Name: SHAFER, BONNIE
Address: 688 N THORPE
City-St-Zip: ORANGE CITY, FL 32763 US

Title: P
Name: SHAFER, BONNIE
Address: 688 N THORPE
City-St-Zip: ORANGE CITY, FL 32763

Title: P,VP
Name: SHAFER, BONNIE
Address: 688 N THORPE
City-St-Zip: ORANGE CITY, FL 32763

Title: P
Name: SHAFER, BONNIE
Address: 688 N THORPE
City-St-Zip: ORANGE CITY, FL 32763

Title: P
Name: SHAFER, BONNIE
Address: 688 N THORPE
City-St-Zip: ORANGE CITY, FL 32763

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BONNIE SHAFER

PRES

04/25/2012

Electronic Signature of Signing Officer or Director

Date