

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90039 022 ***150.00

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1. Entity Name

AROUND THE CLOCK INC

Principal Place of Business

**402 MOHAWK PKWY
CAPE CORAL FL 33914**

Mailing Address

**402 MOHAWK PKWY
CAPE CORAL FL 33914**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0621949

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

**AA ACCOUNTING & TAXES WELTER & ASSOC. INC
1342 COLONILA BLVD
K-118
FORT MYERS FL 33907**

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 state, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CALLIGAN, MICHAEL G**
STREET ADDRESS **402 MOHAWK PKWY**
CITY-STATE-ZIP **CAPE CORAL FL 33914**

TITLE **VP** ☐ Delete
NAME **CALLIGAN, VICKIE R**
STREET ADDRESS **402 MOHAWK PKWY**
CITY-STATE-ZIP **CAPE CORAL FL 33914**

TITLE **TREA** ☒ Delete
NAME **CALLIGAN, MATTHEW T**
STREET ADDRESS **402 MOHAWK PKWY**
CITY-STATE-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME **TREA CALLIGAN, TARA L**
STREET ADDRESS **402 MOHAWK PKWY**
CITY-STATE-ZIP **CAPE CORAL FL 33914**

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Vickie Calligan* **VICKIE CALLIGAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08 239-540-4491

Date

Daytime Phone #