

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000088142

Entity Name: PERFECT TIME, INC.

FILED
Jan 10, 2009
Secretary of State

Current Principal Place of Business:

4107 SAN SERVERA DR., N.
JACKSONVILLE, FL 32217

New Principal Place of Business:

7999 PHILIPS HWY.
SUITE 309
JACKSONVILLE, FL 32256 US

Current Mailing Address:

4107 SAN SERVERA DR., N.
JACKSONVILLE, FL 32217

New Mailing Address:

7999 PHILIPS HWY.
SUITE 309
JACKSONVILLE, FL 32256 US

FEI Number: 26-3436390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEBERT, MARK A
4107 SAN SERVERA DR., N.
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

HEBERT, TRACEY L PRES
7999 PHILIPS HWY
SUITE 309
JACKSONVILLE, FL 32256 US

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: TRACEY L HEBERT

01/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HEBERT, TRACEY L
Address: 4107 SAN SERVERA DR., N.
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: HEBERT, MARK A
Address: 4107 SAN SERVERA DR., N.
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HEBERT, TRACEY L
Address: 4107 SAN SERVERA DR., N.
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP (X) Change () Addition
Name: HEBERT, MARK A
Address: 4107 SAN SERVERA DR., N.
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TRACEY L HEBERT

PRES

01/10/2009

Electronic Signature of Signing Officer or Director

Date