

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000074172

Entity Name: AUTOTIM CORP.

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

5900 CASA DEL REY CIRCLE  
ORLANDO, FL 32809

## **New Principal Place of Business:**

5900 CASA DEL REY CIRCLE  
ORLANDO, FL 32809 UN

## **Current Mailing Address:**

P.O. BOX 1650  
WINDERMERE, FL 347861650

## **New Mailing Address:**

FEI Number: 65-0442966

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

ORCHILLES, FRANCISCO JR.  
5900 CASA DEL REY CIRCLE  
ORLANDO, FL 32809 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: PD  
Name: ORCHILLES JR., FRANCISCO  
Address: 5900 CASA DEL REY CIR  
City-St-Zip: ORLANDO, FL 32809

Title: VP  
Name: ORCHILLES, JUAN C  
Address: 5900 CASA DEL REY CIRCLE  
City-St-Zip: ORLANDO, FL 32809

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: JUAN C. ORCHILLES

VP

01/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date