

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000057910**

1. Entity Name

TIME FUNDING CORP.



Principal Place of Business

943 CLINT MOORE RD  
BOCA RATON, FL 33487

Mailing Address

943 CLINT MOORE RD  
BOCA RATON, FL 33487



03022006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3328250

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

BERSON, GERALD S  
943 CLINT MOORE RD  
BOCA RATON, FL 33487

**DO NOT WRITE  
IN THIS SPACE**

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 reissuing)

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**

TITLE D  
NAME BERSON, GERALD S  
STREET ADDRESS 943 CLINT MOORE RD  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE D  
NAME MAURO, EDWARD  
STREET ADDRESS P.O. BOX 314  
CITY-ST-ZIP NEW HAVEN, CT 06052

TITLE D  
NAME AMODIO, LOUIS G  
STREET ADDRESS ONE HARTFORD SQUARE  
CITY-ST-ZIP NEW BRITAIN, CT 08052

TITLE D  
NAME AMODIO, JOHN A  
STREET ADDRESS ONE HARTFORD SQUARE  
CITY-ST-ZIP NEW BRITAIN, CT 08052

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000456181  
03/16/06-80018-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 my address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3/3/06 561 997 0045