

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90024 003 ***150.00

DOCUMENT # P95000057910

1. Entity Name
TIME FUNDING CORP.



Principal Place of Business
**2200 NW 2 AVE
BOCA RATON, FL 33431**

Mailing Address
**2200 NW 2 AVE
BOCA RATON, FL 33431**

40015910



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3328250

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BERSON, GERALD S
2200 NW 2 AVE
BOCA RATON, FL 33431**

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 title 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**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BERSON, GERALD S	
STREET ADDRESS	947 CLINT MOORE RD	
CITY-ST-ZIP	BOCA RATON, FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAURO, EDWARD	
STREET ADDRESS	P.O. BOX 314	
CITY-ST-ZIP	NEW HAVEN, CT 06052	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMODIO, LOUIS G	
STREET ADDRESS	ONE HARTFORD SQUARE	
CITY-ST-ZIP	NEW BRITAIN, CT 08052	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMODIO, JOHN A	
STREET ADDRESS	ONE HARTFORD SQUARE	
CITY-ST-ZIP	NEW BRITAIN, CT 08052	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2200 NW 2 Ave, Ste 220	
STREET ADDRESS	Boca Raton, FL 33431	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/08

301-997-0045