

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90754 016 ***150.00

DOCUMENT # P95000070789 1. Entity Name GREAT TIMES, INC.					
Principal Place of Business 4822 BONITA VISTA DRIVE TAMPA, FL 33634			Mailing Address POST OFFICE BOX 260502 TAMPA, FL 33685		
2. Principal Place of Business 4027 PALO ALTO DR. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State LAKELAND, FL		City & State		4. FEI Number 59-3334770	
Zip 33803		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TORTORELLO, JOHN 4822 BONITA VISTA DRIVE TAMPA, FL 33634				7. Name and Address of New Registered Agent 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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BYRD, ROBERT 4127 PALO ALTO DR LAKELAND, FL 33803	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T WRIGHT, RONNA FAY 4127 PALO ALTO DR. LAKELAND, FL 33803	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BYRD, MARGIE 4127 PALO ALTO DR LAKELAND, FL 33803	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TORTORELLO, JOHN 4822 BONITA VISTA DR TAMPA, FL 33634	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(i), 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: <i>J. Tortorello</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/11/04 Daytime Phone 813-886-6992		