2908 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 28, 2008 08:00 AN Secretary of State DOCUMENT # P96000046336 1. Entity Namo TIMCO OF THE BAY AREA, INC. Principal Place of Business Mailing Address 12350 BELCHER RD 12350 BELCHER RD 5-J LARGO FL 33773 **LARGO FL 33773** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) 4. FEI Number City & State City & State Applied Fo 59-3397004 Not Applicable Ζφ Country Z_{iD} Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUNBAR, TIMOTHY S Street Address (P.O. Box Number is Not Acceptable) 12350 BELCHER RD 5-J **LARGO FL 33773** 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, typed or printed barrie of report lied inherit and title. Fraipi capie (NOTE: Registrated Agent a greature regrand when reinstating) DATE THE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F D Defete TITLE Change moitibtA 🔲 DATAB DUNBAR, TIMOTHY S U00000800900 NAME STREET ADDRESS STREET ADDRESS 12350 BELCHER RD, #5-J 01/31/08-80037-002 150.00 LARGO FL 33773 OITY-ST-703 CITY-S1-7IP TITLE Darele TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 011Y+31-7/2 CITY+ST-ZIP TITLE Delete THE ☐ Change Addition MAME NATAE STREET ADDRESS STREET ADDRESS CITY-51-219 CITY-ST-ZIP nne De ete TETEL ☐ Change Addition NAME NAME STRELT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-CL-ZIP HUE ☐ Deiete Change THEF Addition NGME IMAM STREET ADDRESS STREET ADDRESS OffY-Of ZIP CHY-SI-7P TiTL F Delete TITLE ☐ Change Addition NAME NAME STREET AUDRESS STRELT ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information subclied with this filling does not qualify for the exemptions contained in Section 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 logal effect as if made under path; 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