2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 08:00 AN Secretary of State **DOCUMENT # P96000088866** 1. Entity Name "N" NIK OF TIME, INC. Principal Place of Business Mailing Address 1143 S. APOPKA BLVD. P.O. BOX 1707 APOPKA, FL 32703 APOPKA, FL 32704 02072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3412474 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CHESHIRE, E.J. DO NOT WRITE 1143 S. APOPKA BLVD. APOPKA, FL 32703 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, typed or printed name of registered agent and fille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE U00000149917 05/03/04-80204-025 150.00 NAME CHESHIRE, GAIL E 1143 S. APOPKA BLVD. STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32703 DP TITLE NAME CHESHIRE, E.J. 1143 S. APOPKA BLVD. STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32703 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITE F

12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(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 other, with all other, the empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/<u>7/64</u>

FILED