


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90035 020 ***150.00

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|---|-----------------|--|--|---|----------------|
| DOCUMENT # P97000017992 | | | |  | |
| 1. Entity Name GRANDFATHER TIME CLOCK REPAIRS, INC. | | | | | |
| Principal Place of Business 4833 NW 97 TERR. SUNRISE, FL 33351 | | | Mailing Address 4833 NW 97 TERR. SUNRISE, FL 33351 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0741408 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| KATZ, ALLEN H PA 2800 E COMMERCIAL BLVD STE 208 FT LAUDERDALE, FL 33308 | | | | Allen H KATZ, P.A. 13900 S. JOG ROAD # 203-276 DELRAY BEACH, FL 33446 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 _____ (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: <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | NAME | STREET ADDRESS | TITLE | NAME | STREET ADDRESS |
| PS | SPILOVE, ROBERT | 4833 NW 97TH TERR SUNRISE, FL 33351 | | | |
| VPT | SPILOVE, NANCY | 4833 NW 97TH TERR SUNRISE, FL 33351 | | | |
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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: *Robert Spilove* Robert spilove 3/12/08 954-7420894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #