


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 12, 2004 8:00 am**  
**Secretary of State**

08-12-2004 90001 002 \*\*\*158.75

<b>DOCUMENT # P97000022221</b>	
1. Entity Name <b>ABOUT TIME, INC.</b>	

Principal Place of Business <b>218 E FIRST STREET SANFORD, FL 32771</b>	Mailing Address <b>218 E FIRST STREET SANFORD, FL 32771</b>
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**54067949**

2. Principal Place of Business <b>2709 S. ATLANTIC AVENUE</b> Suite, Apt. #, etc.	3. Mailing Address <b>2709 S. ATLANTIC AVENUE</b> Suite, Apt. #, etc.
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08062004 Chg-P CR2E034 (10/03)

City & State <b>NEW SMYRNA BEACH</b>	City & State <b>NEW SMYRNA BEACH</b>
Zip <b>32169</b>	Country <b>FLORIDA</b>

4. FEI Number <b>65-0739750</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BAUER, SYLVIA E. 218 E FIRST STREET SANFORD, FL 32771</b>	
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7. Name and Address of New Registered Agent Name <b>Sylvia E. Bauer</b> Street Address (P.O. Box Number is Not Acceptable) <b>2709 S. ATLANTIC AVE.</b> City <b>NEW SMYRNA BEACH</b> FL Zip Code <b>32169</b>	
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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  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BAUER, SYLVIA 217 OAK PARK PLACE CASSELBERRY, FL 32707</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CODDINGTON, EARL W 217 OAK PARK PLACE CASSELBERRY, FL 32707</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 address with all other like empowered.

SIGNATURE: Sylvia E. Bauer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/04 586-478-9486  
Date Daytime Phone #