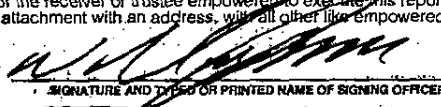


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000032628		
1. Entity Name TIMMS ENTERPRISES OF SARASOTA, INC.		
Principal Place of Business 3854 S. TUTTLE AVENUE SARASOTA, FL 34239		Mailing Address 3854 S. TUTTLE AVENUE SARASOTA, FL 34239
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TIMMS, WILLIAM E 3630 75TH TERRACE EAST SARASOTA, FL 34243		
DO NOT WRITE 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 _____ DATE _____ 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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS TIMMS, MICHELE A 3630 75TH TERR. E. SARASOTA, FL 34243	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT TIMMS, WILLIAM E 3630 75TH TERR. E. SARASOTA, FL 34243	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		4.10.05 941921.4969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____ Daytime Phone # _____



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3440166	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

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IN THIS SPACE**