


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90037 005 ***150.00

DOCUMENT # P98000075329	
1. Entity Name FROM TIME TO TIME, INCORPORATED	

Principal Place of Business C/O 11317 EAST TEACH ROAD PALM BEACH GARDENS, FL 33410-3437 US	Mailing Address 11317 EAST TEACH ROAD PALM BEACH GARDENS, FL 33410-3437
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent SMITH-ADAM, LOUISA 2004 BOMAR RD #4 NO PALM BEACH, FL 33440 NEW ADDRESS	
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7. Name and Address of New Registered Agent Name LOUISA SMITH-ADAM Street Address (P.O. Box Number is Not Acceptable) 11317 E. TEACH RD City Palm Beach Gardens State FL Zip Code 33410-3437	
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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: [Signature] - address change Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reappointing) DATE	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH-ADAM, LOUISA 11317 EAST TEACH ROAD PALM BEACH GARDENS, FL 334103437 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.	
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SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	March 5 2004 Daytime Phone 561-691-0306
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