

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106857

FILED
Apr 19, 2004
Secretary of State

Entity Name: OLD TIME PRIDE, INC.

Current Principal Place of Business:

409 MONTGOMERY RD.,STE.161
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

100 TIPPERARY DRIVE
LAKE MARY, FL 32746

Current Mailing Address:

409 MONTGOMERY RD.,STE.161
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

100 TIPPERARY DR.
LAKE MARY, FL 32746

FEI Number: 59-3550646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, FRANK
409 MONTGOMERY RD.,STE.161
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

MASON, FRANK
100 TIPPERARY DRIVE
LAKE MARY, FL 32746 US

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.

SIGNATURE:

04/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MASON, FRANK
Address: 409 MONTGOMERY RD.,STE.161
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VST () Delete
Name: MASON, KIMBERLY
Address: 409 MONTGOMERY RD.,STE.161
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MASON, FRANK
Address: 100 TIPPERARY DR
City-St-Zip: LAKE MARY, FL 32746

Title: VST (X) Change () Addition
Name: MASON, KIMBERLY
Address: 100 TIPPERARY DR
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK MASON

D

04/19/2004

Electronic Signature of Signing Officer or Director

Date