

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000016682

FILED  
Apr 23, 2012  
Secretary of State

Entity Name: CLAMOR/JUST PASSING TIME, INC.

**Current Principal Place of Business:**

9150 COUNTY ROAD 630 EAST  
FROSTPROOF, FL 33843

**New Principal Place of Business:**

**Current Mailing Address:**

9150 COUNTY ROAD 630 EAST  
FROSTPROOF, FL 33843

**New Mailing Address:**

FEI Number: 65-0899405

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AKOUKA, ALAN  
9150 COUNTY ROAD 630 EAST  
FROSTPROOF, FL 33843 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: AKOUKA, ALAN  
Address: 9150 COUNTY ROAD 630 EAST  
City-St-Zip: FROSTPROOF, FL 33843

Title: D  
Name: AKOUKA, MEREDITH  
Address: 9150 COUNTY ROAD 630 EAST  
City-St-Zip: FROSTPROOF, FL 33843

Title: D  
Name: TODYWALA, SAM  
Address: 5340 N.W. 104TH COURT  
City-St-Zip: MIAMI, FL 33178

Title: D  
Name: TODYWALA, LYLA  
Address: 5340 N.W. 104TH COURT  
City-St-Zip: MIAMI, FL 33178

Title: D  
Name: KELLY, STEVEN  
Address: 15590 PARKVIEW DRIVE  
City-St-Zip: NEWBURY, OH 44065

Title: D  
Name: CASTRO, PATRICIA  
Address: 6659 ALISO AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33413

I hereby 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 all other like empowered.

SIGNATURE: ALAN AKOUKA

D

04/23/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date