

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S71695

1. Entity Name
STEP 'N TIME, INC.



Principal Place of Business
301 NORTH APOPKA AVENUE
INVERNESS, FL 34450 US

Mailing Address
301 NORTH APOPKA AVENUE
INVERNESS, FL 34450 US

FILED

12 MAY 15 AM 9:16

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



05072012 No Chg-P CR2E034 (12/11)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3080949	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HAGAR, HEATHER W
301 N. APOPKA AVE.
INVERNESS, FL 34450

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 28, 2012

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

REMITTED BY MAY 1

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP WHITE, JOHN C. 301 N. APOPKA AVENUE INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST HAGAR, HEATHER 301 N. APOPKA AVENUE INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HAGAR, HEATHER 301 N. APOPKA AVENUE INVERNESS, FL 34450
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

800235201018
05/16/12--01025--008 **150.00

800235201018
05/16/12--01025--009 **8.75

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IN THIS SPACE

MAY 15 2012

S. PRATHER

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: S. Prather 5/9/12 HCWDANCE@HOTMAIL.COM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS