


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90036 038 ***150.00

DOCUMENT # F02000005859
 1. Entity Name
TELLY, INC. OF OHIO



Principal Place of Business
8636 MUD CREEK RD
OAK HARBOR, OH 43449

Mailing Address
8636 MUD CREEK RD
OAK HARBOR, OH 43449

94030163



03092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1934965

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
TELLIARD, JAMES
109 OCEAN KEY WAY
JUPITER, FL 33477

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	<i>President & Treasurer</i>
NAME	BENES, CHARLES
STREET ADDRESS	8636 MUD CREEK ROAD
CITY-ST-ZIP	OAK HARBOR, OH 43449
TITLE	TELLIARD, ELLA
NAME	TELLIARD, ELLA
STREET ADDRESS	318 SWEET BAY CIR.
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	TELLIARD, JAMES
NAME	TELLIARD, JAMES
STREET ADDRESS	109 OCEAN KEY WAY
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	<i>Secretary</i>
NAME	<i>Jeffrey Tellyard</i>
STREET ADDRESS	<i>318 Sweet Bay Circle</i>
CITY-ST-ZIP	<i>Jupiter, FL 33458</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Charles A. Benes* **Charles A. Benes** *3-10-04* **3-10-04** *419-707-0477* **419-707-0477**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #