

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90004 035 ***150.00

DOCUMENT # F02000006396

1. Entity Name
OFFICE TALES, INC.



Principal Place of Business
**11950 SHIRLEY LANE
NORTH FORT MYERS, FL 33917**

Mailing Address
**P.O. BOX 3434
N. FT. MYERS, FL 33918-3434**

54000517



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0945927

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARY, DAVID W
1325 C DEL PRADO BLVD. SOUTH
CAPE CORAL, FL 33990**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**CP
MCCLANAHAN, MICHAEL T
11950 SHIRLEY LANE
NORTH FORT MYERS, FL 33917**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**CPD
MCCLANAHAN, MICHAEL T
11950 SHIRLEY LN
N. FT. MYERS FL 33917**

☒ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VCV
JOHNSON, DEBORAH F
11950 SHIRLEY LANE
NORTH FORT MYERS, FL 33917**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**T/D
DAVID W. CARY
1325 C Del Prado Blvd. S.
CAPE CORAL FL 33917**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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☐ Change

☐ 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Ex. from Form #

1-17-04