
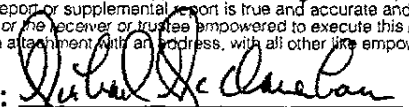


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CARY, DAVID W 1325 C DEL PRADO BLVD. SOUTH CAPE CORAL, FL 33990		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	CPD	
NAME	MCCLANAHAN, MICHAEL T	
STREET ADDRESS	11950 SHIRLEY LANE	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	
TITLE	TD	
NAME	CARY, DAVID W	
STREET ADDRESS	13250 DEL PRADO BLVD S.	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		4-23-06 239-567-1810 <small>Date Daytime Phone #</small>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0945927

Applied For
Not Applicable

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

000000537515
05/03/06-80020-022 150.00

**DO NOT WRITE
IN THIS SPACE**