

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90036 036 ***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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

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 **W. BRADLEY COOPER, JR. CPA**
Street Address (P.O. Box Number is Not Acceptable)
12730 NEW BRITANY BLVD. FOURTH FLOOR
City **FORT MYERS** FL Zip Code **33907**

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 obligation of, the registered agent.

SIGNATURE

Michael T. McClanahan

4-6-07

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 11

TITLE CPD ☐ Delete
NAME MCCLANAHAN, MICHAEL T
STREET ADDRESS 11950 SHIRLEY LANE
CITY-ST-ZIP NORTH FORT MYERS FL 33917

TITLE TD ☐ Change ☒ Addition
NAME **W. BRADLEY COOPER, JR.**
STREET ADDRESS **12730 NEW BRITANY BLVD. FOURTH FLOOR**
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE TD ☒ Delete
NAME CARY, DAVID W
STREET ADDRESS 13250 DEL PRADO BLVD S.
CITY-ST-ZIP NORTH FORT MYERS FL 33917

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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:

Michael T. McClanahan

4-6-07

239-567-1810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #