

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001761

FILED
Jan 14, 2005
Secretary of State

Entity Name: HIS STORY, INC.

Current Principal Place of Business:

200 NE FOURTH AVE
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

200 NE FOURTH AVE
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMERON, COLIN M ESQUIRE
200 NE FOURTH AVE
OKEECHOBEE, FL 34972 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RONKKO, MARK
Address: 2568 NW 63 TER
City-St-Zip: OKEECHOBEE, FL 34972

Title: DV () Delete
Name: COLLIER, ALLEN
Address: 2931 SE 128 AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: DS () Delete
Name: DUTTON, RICHARD
Address: 1400 SE 21 ST
City-St-Zip: OKEECHOBEE, FL 34974

Title: DT () Delete
Name: YEILDING, BENNETT
Address: 2326 SW 24 AVE
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: YEILDING, BENNETT
Address: 2326 SW 24TH AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: DT (X) Change () Addition
Name: DUTTON, RICHARD
Address: 1400 SE 21ST ST
City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENNETT YEILDING

DS

01/14/2005

Electronic Signature of Signing Officer or Director

Date