


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90071 005 \*\*\*\*61.25

<b>DOCUMENT # N99000003103</b> 1. Entity Name FICTION COLLECTIVE TWO, INC.					
Principal Place of Business 437 A WILLIAMS BLDG., FC2 DEPT. OF ENGLISH 1580, FSU TALLAHASSEE, FL 32306-1580			Mailing Address 437 A WILLIAMS BLDG., FC2 DEPT. OF ENGLISH 1580, FSU TALLAHASSEE, FL 32306-1580		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>13-2957841</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  BERRY, RALPH DEPT OF ENGLISH FSU 437A WILLIAMS BUILDING TALLAHASSEE, FL 32306-1580				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERRY, RALPH		NAME	Berry, Rm	
STREET ADDRESS	2009 ATAPHA NENE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	BMP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLS, BRENDA L		NAME		
STREET ADDRESS	1922 E. INDIANHEAD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SGOUROS, STEPHANIE		NAME		
STREET ADDRESS	109 FERNDAL DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLSEN, LANCE		NAME		
STREET ADDRESS	PO BOX 306		STREET ADDRESS		
CITY-ST-ZIP	NEW MEADOWS, ID 83654		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SUKENICK, RONALD		NAME	Michael Martone	
STREET ADDRESS	200 RECTOR PLACE, LIBERTY COURT 26B		STREET ADDRESS	29 Country Club Hills	
CITY-ST-ZIP	NEW YORK, NY 10280		CITY-ST-ZIP	Tuscaloosa, AL 35401-1300	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STEINER, ROBERT		NAME	Lidia Yuknavitch	
STREET ADDRESS	4775 COLLINS AVE #4103		STREET ADDRESS	9970 Bull Run Road	
CITY-ST-ZIP	MIAMI, FL 33140		CITY-ST-ZIP	Corbett, Oregon 97019	
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 617, 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.					
<b>SIGNATURE:</b> <i>Rm Berry</i>			2/22/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
<small>Daytime Phone #</small>					