


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000065169 1. Entity Name STORYTELLERS, INC.	
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Principal Place of Business 114 W. OCEAN AVE. BOYNTON BEACH, FL 33435	Mailing Address PO BOX 508 DEERFIELD BEACH, FL 33443
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DO NOT WRITE IN THIS SPACE



06032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1020042	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SASSI, PETER M
114 W. OCEAN AVE
BOYNTON BEACH, FL 33435

**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 *Peter M Sassi* 6/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROUGHTON-SASSI, JUDITH E 4829 DICKENS ST. WICHITA FALLS, TX 76308
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SASSI, PETER M 114 W. OCEAN AVE. BOYNTON BEACH, FL 33435
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00000362039
06/06/05-80004-U22 150.00

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IN THIS SPACE**

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 like empowered.

SIGNATURE: *Peter Sassi* 6/1/05 561-338-3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #