

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90017 017 ***150.00

DOCUMENT # P01000056091	
1. Entity Name TELLING YOUR STORY, INC.	

Principal Place of Business 3410 GALT OCEAN DR #303 N FORT LAUDERDALE, FL 33308	Mailing Address 3410 GALT OCEAN DR #303 N FORT LAUDERDALE, FL 33308
---	---

54032734

2. Principal Place of Business 3800 OAKS CLUBHOUSE DR Suite, Apt. #, etc. #212	3. Mailing Address 3800 OAK CLUBHOUSE DR Suite, Apt. #, etc. #212
--	---



03022004 Chg-P CR2E034 (10/03)

City & State Pompano Beach, FL	City & State Pompano Beach, FL
Zip 33069	Country USA

4. FEI Number 65-1116978	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent LYONS, MARJORY 3410 GALT OCEAN DR #303 N FORT LAUDERDALE, FL 33308	
---	--

7. Name and Address of New Registered Agent Name MARJORY LYONS KRAUSS Street Address (P.O. Box Number is Not Acceptable) 3800 OAKS CLUBHOUSE DR #212 City Pompano Beach FL Zip Code 33069	
---	--

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. <u>Marjory Lyons Krauss</u> SIGNATURE: <u>Marjory Lyons Krauss</u> DATE: <u>4/12/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)	
--	--

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	☐ Delete
D LYONS, MARJORY 3410 GALT OCEAN DR #303 N FORT LAUDERDALE, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
D/P MARJORY LYONS KRAUSS 3800 OAKS CLUBHOUSE DR #212 Pompano Beach, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
D HABLO KRAUSS 3800 OAKS CLUBHOUSE DR #212 Pompano Beach, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: <u>Marjory Lyons Krauss</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>4/12/04</u> Daytime Phone #: <u>954-970-9333</u>