

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 10, 2004 08:00 AM

Secretary of State

DOCUMENT # P02000078945

1. Entity Name

TIM'S TALL TALES, INC.



Principal Place of Business

381 PONDEROSA PINES DRIVE
PORT ST JOE, FL 32456

Mailing Address

381 PONDEROSA PINES DRIVE
PORT ST JOE, FL 32456



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number

55-0787578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARVEY, TIMOTHY H
381 PONDEROSA PINES DRIVE
PORT ST JOE, FL 32456

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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000083361

03/10/04 00000-000 150.00

10. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------|
| TITLE | P |
| NAME | HARVEY, TIM CAPT |
| STREET ADDRESS | 381 PONDEROSA DRIVE |
| CITY - ST - ZIP | PORT SAINT JOE, FL 32456 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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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)(f), 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:

Timothy H. Harvey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-04

Date

850-229-7149

Daytime Phone #