

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90082 021 ***150.00

DOCUMENT # P02000099799

1. Entity Name

CRACKER TALES, INC.



Principal Place of Business

1937 OLD DIXIE HWY
#104
VERO BEACH FL 32960

Mailing Address

PO BOX 6728
VERO BEACH FL 32961-6728



2. Principal Place of Business - No P.O. Box #

965 BEACHCOMBER LN.

3. Mailing Address

965 BEACHCOMBER LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

VERO BEACH, FL

City & State

VERO BEACH FL

4. FEI Number

56-2312854

Applied For

Not Applicable

Zip

32963

Country

I.R.

Zip

32963

Country

I.R.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOPWOOD, NANCY
1937 OLD DIXIE HWY
#104
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name

CHARLOTTE N. TERRY

Street Address (P.O. Box Number is Not Acceptable)

965 BEACHCOMBER LN.

City

VERO BEACH

FL

Zip Code

32963

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

Charlotte N. Terry

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

3.16.07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	TERRY, CHARLOTTE	
STREET ADDRESS	P.O. BOX 8206	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	HOPWOOD, NANCY	
STREET ADDRESS	1565 GRACEWOOD LANE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	965 BEACHCOMBER LN.	
CITY-ST-ZIP	VERO BEACH, FL. 32963	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3 Royal Palm Dr.	
STREET ADDRESS	VERO BEACH, FL. 32960	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Charlotte N. Terry

Date

Daytime Phone #

4.19.07 772-538-2388