

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2004 8:00 am
Secretary of State

09-02-2004 90075 029 ***150.00

DOCUMENT # P03000108498	
1. Entity Name MESSAGE WORKS OF TALLAHASSEE, INC.	

Principal Place of Business 410 COLDSTREAM DRIVE TALLAHASSEE, FL 32312	Mailing Address 410 COLDSTREAM DRIVE TALLAHASSEE, FL 32312
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66433691



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

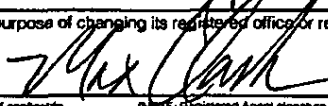
08272004 Chg-P CR2E034 (10/03)

4. FEI Number 52-2422730	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMILEY, DENNIS L 532 LAKEPOINT ROAD ALFORD, FL 32420
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7. Name and Address of New Registered Agent	
Name Max Clark	
Street Address (P.O. Box Number is Not Acceptable) 113 W. Franklin St	
City Quincy	FL Zip Code 32351

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:  DATE: **8-30-04**

FILE NOW!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MCMULLIAN, CORA 410 COLDSTREAM DRIVE TALLAHASSEE, FL 32312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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)(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:  **8-30-04** **510-4114**

Attachment 66433691

P03000108498

To: Whom it May Concern

My name is Cora McMullian and I have just realized that the annual Report should have been sent in May. I didn't get anything in the mail and I am still very new to this business. I have changed agents and I believe I am on the right track. I would deeply appreciate not having to be charged hundreds of dollars to keep Message Works of Tall. INC. I am sending you the \$150. please call me if ~~it~~ ^{any} is ~~more~~ necessary that I send ^{any} more payments.

Thank You

Cora Mc

Message Works of Tallahassee INC

410 Coddstream Drive

Tallahassee FL 32312

(850) 610-4119