

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90033 039 ***150.00

DOCUMENT # P06000109350

1. Entity Name

GENTLE STORIES PUBLISHING COMPANY INC



Principal Place of Business

2223 AVE E NW
WINTER HAVEN, FL 33880

Mailing Address

2223 AVE E NW
WINTER HAVEN, FL 33880

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008

Chg-P

CR2E034 (12/06)

4. FEI Number
20-5415347

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, CALVIN C
2223 AVE E NW
WINTER HAVEN, FL 33880

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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: Agent or current owner or registered agent must file if applicable.

(NOTE: Registered Agent Signature required when re-statuting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	P BOYNE, LINDA B	☒ Delete
STREET ADDRESS	6116 SCOTT LAKE RD	
CITY-STATE-ZIP	LAKELAND, FL 33813	
TITLE NAME	TREA WHITE, CALVIN C	☐ Delete
STREET ADDRESS	2223 AVE E NW	
CITY-STATE-ZIP	WINTER HAVEN, FL 33880	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 an officer like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF AGENT OR DIRECTOR

DATE

Signature: Agent or