


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90028 013 ****61.25

DOCUMENT # P40821 1. Entity Name YOUR STORY HOUR INC.					
Principal Place of Business 464 WEST FERRY, BOX 15 BERRIEN SPRINGS, MI 49103			Mailing Address 464 WEST FERRY, BOX 15 BERRIEN SPRINGS, MI 49103		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 38-1549983	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GONZALEZ, DAVID POST OFFICE BOX 21 1655 E SEMORAN APOPKA, FL 32810			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD METCALF, TED RT 2 BOX 156 FLETCHER, NC 28732		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bm METCALF, TED 10612 E Freddy Street INVERNESS FL 34450	
	Delete <input type="checkbox"/>			Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SUZANNE, RENTON 4936 RIVERSIDE TRAIL BERRIEN SPRINGS, MI 49103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS RENTON, SUZANNE 4936 Riverside Trail Berrien Springs MI 49103	
	Delete <input type="checkbox"/>			Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD THOMPSON, WALTER 40 SOUTH CLAY, SUITE 217 HINDSDALE, IL 60521		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BURCHARD ROBERT 134 Circle View Drive Hendersonville NC 28792	
	Delete <input checked="" type="checkbox"/>			Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM LITTLE, BOB 4849 EAST HILLCREST BERRIEN SPRINGS, MI 49103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bm MESEREAU, FRED 4633 Timberland Drive Berrien Springs MI 49103	
	Delete <input checked="" type="checkbox"/>			Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRUMBO-ROBERTS, ELAINE TMM-BOX 105 BERRIEN SPRINGS, MI 49103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD (ACTING) TRUMBO-ROBERTS, ELAINE 839 Plantation Blvd Sikeston MD 63801	
	Delete <input type="checkbox"/>			Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORNE, FRANKLIN E 9007 LAKE ROAD BERRIEN CENTER, MI 49102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VED HENDERSON, JAMES 1511 You Win Court Grass Valley CA 95945	
	Delete <input checked="" type="checkbox"/>			Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
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 617, 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>Suzanne R Kenton</u> <u>2-2-06</u> <u>269-471-3701</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					