## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # P99000006978

1. Entity Name

STORY INVESTMENTS, INC.



**FILED** Feb 13, 2004 8:00 am Secretary of State 02-13-2004 90008 028 \*\*\*150.00

Mailroy Address 940 NW ST PLACE #6 FORT LALDERDALE, FL 33309 940 NW ST PLACE #6 FORT LALDERDALE, FL 33309 940 NW ST PLACE #6 FORT LALDERDALE, FL 33309 940 NW ST PLACE #6 FORT LALDERDALE, FL 33309 940 NW ST PLACE #6 Suite Clip's State Clip's State Clip's State Country Zip Country Zip Country A FE Namoer SS-0890910 75 Name and Address of Current Registered Agent Nerne STORY, MARK 940 NW ST PLACE #6 FORT LALDERDALE, FL 33309  FILE TO COUNTRY TO Box Namoer is Not Acceptative.  Crip FL Zip Code  8. The advise runned entry subtrists the abbrevial for the purpose of changing its registered office or registered agent or both, in the State of Ponde Lam tamiliar with, and acceptative has obtained and registered agent or both, in the State of Ponde Lam tamiliar with, and acceptative has obtained been registered agent or both, in the State of Ponde Lam tamiliar with, and acceptative has obtained been registered agent or both, in the State of Ponde Lam tamiliar with, and acceptative has obtained been registered agent or both, in the State of Ponde Lam tamiliar with, and acceptative has obtained been registered agent or both, in the State of Ponde Lam tamiliar with, and acceptative has obtained been registered agent or both, in the State of Ponde Lam tamiliar with, and acceptative has obtained been registered agent or both, in the State of Ponde Lam tamiliar with, and acceptative has obtained been registered agent or both, in the State of Ponde Lam tamiliar with, and acceptative has obtained been registered agent or both, in the State of Ponde Lam tamiliar with, and acceptative has obtained been registered agent or both, in the State of Ponde Lam tamiliar with, and acceptative has obtained been registered agent or both, in the State of Ponde Lam tamiliar with, and acceptative has obtained been registered agent or both, in the State of Ponde Lam tamiliar with, and acceptative has obtained been registered agent or both, in the State of Ponde Lam tamiliar with, and acceptative has been registered agent or both, in the State of									
2. Principal Place of Business  Suite, Apt. 4, etc.  City & Statu  StoRY, MARK  Street Address (P.O. Box Number is Not Acceptable)  In Place in City in Cit	Principal Plac	e of Business	Mailing Address			1	T 4 0 0		
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Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01192004 Chg-P	CR2E0	34 (10/03)		
Section   County   Zip   County   Section	City & State		City & State			1		<u> </u>	
STORY, MARK 94.0 NW 51 PLACE #6 FORT LAUDEROALE, FL 33309  If a blove named entity submits this statement for the purpose of changing its registated office or registateroal agent, or both, in the State of Fordial. I am familiar with, and accept the obligations of registateroal agent, or both, in the State of Fordial. I am familiar with, and accept the obligations of registateroal agent.  SIGNATURE  8. The above named entity submits this statement for the purpose of changing its registateroal office or registateroal agent, or both, in the State of Fordial. I am familiar with, and accept the obligations of registateroal agent. Or both, in the State of Fordial. I am familiar with, and accept the obligations of registateroal agent.  SIGNATURE  SIGNATURE  SIGNATURE  FILE MOWITI FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO CFFICERS AND DIRECTORS IN 11  INS. SIGNATURES  OFFICERS AND DIRECTORS IN 11  INS. SIGNATURAGES  SIRET AUDIESS  OTH ST. 2P  OTH	Zip	Country	Zip	Coun	-			\$8.75 Add	ditional
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Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		o. Name and Address of Current	egiateled Agent		Name	7. Haile and Address of the	on negistered /	·	
City	940 NW 51 PLACE #6				Street Address	(P.O. Box Number is Not Accep	table)		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.    Possible   Signature, syed or creed name of registered agent and size of september (registered agent september required when retraining)   DATE	•				City		FL	Zip Cod	<u></u> е
THE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTO		named entity submits this statement for	the purpose of changing its	s register	ed office or registe	ered agent, or both, in the State	of Florida. Lam	amiliar with.	and accept
SIGNATURE   Signature, typeed or commetic flavour or degletisted agent and sife if applicable. (NOTE: Registered Agent signature required when reinstaating)   PILE NOW!!! FEE IS \$150.00   P. Election Campaign Financing Trust Fund Contribution.   S5.00 May Be Added to Fees	the obligat			gioiai					
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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, inturner 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 early 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: \_\_\_

Mush ( INTED NAME OF SIGNING OFFICER OR DIRECTOR

974-776-7555

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