2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90306 028 ***150.00

DOCUMENT # P99000043984

1. Entity Name
DRAGON'S TALE, INC.

Principal Place of Business	Mailing Address
1543 ATLANTIC BLVD NEPTUNE BEACH, FL 32266	8853 SAN JOSE BLVD JACKSONVILLE, FL 32217

04012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Same as above	1543 Altantic Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. ----------
City & State	City & State Neptune Bch., FL
Zip / Country	Zip / Country 32266 / US

4. FEI Number
59-3577386
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
T	Name Tammy K. Montgomery Street Address (P.O. Box Number is Not Acceptable) 1543 Atlantic Blvd. City / FL / Zip Code Neptune Beach / 32266

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] Secretary 4/7/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT HAMILTON, DAVID 1543 ATLANTIC BLVD NEPTUNE BEACH, FL 32266	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Rawson, Vance, Jr. 1543 Atlantic Blvd. Neptune Beach, FL 32266	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS SHEPARD, HERSCHEL E III 1543 ATLANTIC BLVD NEPTUNE BEACH, FL 32266	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Hamilton, David 1543 Atlantic Blvd. Neptune Beach, FL 32266	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	S/T Montgomery, Tammy 1543 Atlantic Blvd. Neptune Beach, FL 32266	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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

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: [signature] Vance Rawson, Jr. 04/07/04 (904)246-0163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #