

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000073498

**Entity Name:** THE STORY GROUP, INC.

**Current Principal Place of Business:**

117 B BROADWAY AVE.  
KISSIMMEE, FL 34741

**Current Mailing Address:**

P.O. BOX 420675  
KISSIMMEE, FL 34742

**FEI Number:** 59-3465322

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STORY, RONALD B  
117 B BROADWAY AVE.  
KISSIMMEE, FL 34741 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	STD	Title	P/D
Name	STORY, MAUREEN	Name	STORY, RONALD B
Address	5401 OSCEOLA AVE	Address	5401 OSCEOLA AVE
City-State-Zip:	INTERCESSION CITY FL 34848	City-State-Zip:	INTERCESSION CITY FL 33848

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RONALD STORY

**PRESIDENT**

**01/15/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date