2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004
Secretary of State

DOCUMENT# 206102

Entity Name: FLORIDA PRESS SERVICE, INC.

Current Principal Place of Business:

2636 MITCHAM DRIVE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2636 MITCHAM DRIVE
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-0820774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIDINGS, DEAN
2636 MITCHAM DRIVE
TALLAHASSEE, FL 32308

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	SM	( ) Delete
Name:	RIDINGS, DEAN	
Address:	2636 MICTHAM DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	PD	( ) Delete
Name:	MULLIGAN, GERRY	
Address:	1624 N MEADOWCREST BLVD	
City-St-Zip:	CRYSTAL RIVER, FL 34429	
Title:	VPD	( ) Delete
Name:	STEIGER, WILLIAM	
Address:	633 N. ORANGE AVE	
City-St-Zip:	ORLANDO, FL 328011349	
Title:	TD	( ) Delete
Name:	REYNOLDS, STEVE	
Address:	ONE HERALD PLAZA	
City-St-Zip:	MIAMI, FL 33132	
Title:	D	( ) Delete
Name:	AUTREY, DAN	
Address:	108 CHURCH ST	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	D	( ) Delete
Name:	BRUNJES, ROBERT	
Address:	1939 S FEDERAL HIGHWAY	
City-St-Zip:	STUART, FL 34994	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DEAN RIDINGS SM 01/21/2004

Electronic Signature of Signing Officer or Director — Date