## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 06, 2006 08:00 AM Secretary of State DOCUMENT # G11817 1. Entity Name C & J SAPP PUBLISHING COMPANY Principal Place of Business Mailing Address 1323 WILDERNESS LANE 1323 WILDERNESS LANE TITUSVILLE, FL 32796 US TITUSVILLE, FL 32796 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE) Number 59-2238993 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent SAPP, CHRISTOPHER F DO NOT WRITE 1323 WILDERNESS LANE TITUSVILLE, FL 32796 IN THIS SPACE 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 Typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 8. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SAPP, CHRIS STREET ADDRESS 1323 WILDERNESS LANE CITY-ST-DP TITUSVILLE, FL 32796 VTDS SAPP, JEAN NAME 110001104581G2 STREET ADDRESS 1323 WILDERNESS LANE 03/17/06-80034-004 150.00 City-ST-789 TITUSVILLE, FL 32796 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 simpowered 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 or an attachment with an address, with all other like empowered.

SIGNATURE

THE NAME STREET ADDRESS CATY-ST-ZIP mle NAME STREET ADDRESS CITY-ST-ZIP

FILED