FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90089 013 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G11817

1. Entity Name
C & J SAPP PUBLISHING COMPANY

Principal Place of Business	Mailing Address
1323 WILDERNESS LANE TITUSVILLE, FL 32796 US	1323 WILDERNESS LANE TITUSVILLE, FL 32796 US

04162008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2281 Freezeland Rd.	2281 FREEZELAND RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Linden, VA.	City & State: LINDEN, VA.
Zip: 22642 Country: USA	Zip: 22642 Country: USA

4. FEI Number: 59-2238993 ☐ 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
SAPP, CHRISTOPHER F 1323 WILDERNESS LANE TITUSVILLE, FL 32796	Name: DANIEL D. LEE Street Address (P.O. Box Number is Not Acceptable): 1323 WILDERNESS LANE City: TITUSVILLE FL Zip Code: 32796

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: Daniel D. Lee (DANIEL D. LEE) APRIL 16, 2008
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, 2008 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	PD SAPP, CHRIS 1323 WILDERNESS LANE TITUSVILLE, FL 32796	☐ Delete	PD SAPP CHRIS 2281 FREEZELAND RD. LINDEN, VA. 22642	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTDS SAPP, JEAN 1323 WILDERNESS LANE TITUSVILLE, FL 32796	☐ Delete	VTDS SAPP JEAN 2281 FREEZELAND RD. LINDEN, VA. 22642	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 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: Chris Sapp CHRIS SAPP April 16 2008 (540) 631-1435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #