

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

2007 MAY -2 PM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #106000000063

1. Entity Name

A Voice; Distribution, Designer and
Publishing Corporation



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1108 Richview Rd

3. Mailing Address

1108 Richview Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037B (8/05)

500102626865

05/16/07--01002--028 **122.50

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name France Burns Esther

Street Address (P.O. Box Number is Not Acceptable)

1108 Richview Rd

City Tallahassee

FL

Zip Code 32301

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

Esther France Burns

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended AR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	France Burns Esther
STREET ADDRESS	1108 Richview Rd
CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	DPA R
NAME	BURNS Slaton Johnnie M
STREET ADDRESS	1108 Richview Rd
CITY-ST-ZIP	Tallahassee FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

Esther France Burns

8/2/07