

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009668

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** AUTOMATED PUBLISHING SOLUTIONS, INC.

**Current Principal Place of Business:**

3255 POTTER STREET  
PENSACOLA, FL 32514

**New Principal Place of Business:**

10148 VIXEN PLACE  
PENSACOLA, FL 32514

**Current Mailing Address:**

P.O. BOX 15566  
PENSACOLA, FL 32514

**New Mailing Address:**

10148 VIXEN PLACE  
PENSACOLA, FL 32514

**FEI Number:** 14-1868365

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CALHOUN, BRAD  
10148 VIXEN PLACE  
PENSACOLA, FL 32514 US

**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: PD  
Name: CALHOUN, STEPHEN B  
Address: 10148 VIXEN PLACE  
City-St-Zip: PENSACOLA, FL 32514

Title: VD  
Name: BROWN, ALFRED W  
Address: 3255 POTTER STREET  
City-St-Zip: PENSACOLA, FL 32514

Title: STD  
Name: BROWN, ALFRED W  
Address: 3255 POTTER STREET  
City-St-Zip: PENSACOLA, FL 32514

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: BRAD CALHOUN

PD

03/30/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date