


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000085447**

1. Entity Name  
**NEW POSSIBILITIES PRESS, INC.**



Principal Place of Business      Mailing Address

**8805 TAMIAMI TRAIL N.  
#311  
NAPLES FL 34108  
US**

**478 HERON AVE.  
NAPLES FL 34108  
US**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/06)

City & State      City & State

4. FEI Number      **20-1220979**

Applied For  
 Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BROTHERS, W. CHALMERS JR.  
478 HERON AVE.  
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

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

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00 May Be Added to Fees**

Trust Fund Contribution.     

| 10. OFFICERS AND DIRECTORS                     |  | <input type="checkbox"/> Delete |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRES<br/>BROTHERS, W. CHALMERS JR.<br/>478 HERON AVE.<br/>NAPLES FL 34108</b> | <input type="checkbox"/>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SEC<br/>BROTHERS, W. CHALMERS JR.<br/>478 HERON AVE.<br/>NAPLES FL 34108</b>  | <input type="checkbox"/>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TREA<br/>BROTHERS, W. CHALMERS JR.<br/>478 HERON AVE.<br/>NAPLES FL 34108</b> | <input type="checkbox"/>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/>        |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|---|---------------------------------|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>U00000626540<br/>02/15/07-80024-011 150.00</b> | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/>        | <input type="checkbox"/>          |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** \_\_\_\_\_      **2-5-07**      **239-248-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #