

**2004 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 21, 2004  
Secretary of State**

DOCUMENT# P99000000151

Entity Name: CLEMENTS PUBLISHING COMPANY

**Current Principal Place of Business:**

1510 S. 2ND ST.  
A  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5100  
JACKSONVILLE BEACH, FL 32240

**New Mailing Address:**

PO BOX 51000  
JACKSONVILLE BEACH, FL 32240

FEI Number: 59-3550480      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CLEMENTS, MICHAEL A  
3390 ISABELLA BLVD  
JACKSONVILLE BEACH, FL 32250      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: CLEMENTS, MICHAEL  
Address: 3390 ISABELLA BLVD.  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T      ( ) Delete  
Name: CLEMENTS, LOLITA  
Address: 3390 ISABELLA BLVD.  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LOLITA CLEMENTS

T

10/21/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date