

FILED
Feb 13, 2006 08:01
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000111202

1. Entity Name
COMMUNITY PRESS CORP.



Principal Place of Business
**625 EXECUTIVE DR.
WINTER PARK, FL 32789-1755 US**

Mailing Address
**P.O. BOX 440
WINTER PARK, FL 32790-0440 US**



02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3620361

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TAYLOR, KYLE P
2026 CHIPPEWA TRAIL
MAITLAND, FL 32751**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **TAYLOR, SUZETTE M**
STREET ADDRESS **2026 CHIPPEWA TRAIL**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **S**
NAME **TAYLOR, KYLE P.**
STREET ADDRESS **2026 CHIPPEWA TRAIL**
CITY-ST-ZIP **MAITLAND, FL 32751**

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02/23/06-80033-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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 I am an officer or director, or on an attachment with an address, with an officer or director.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #