

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90291 012 ***150.00

DOCUMENT # 012575

1. Entity Name
COLLIER COUNTY PUBLISHING COMPANY



Principal Place of Business
**312 WALNUT ST, 28TH FL
P.O. BOX 5380
CINCINNATI, OH 45201 US**

Mailing Address
**312 WALNUT ST, 28TH FLOOR
P.O. BOX 5380
CINCINNATI, OH 45201 US**

44038640



03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0578327

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	BURDICK, ROBERT W
STREET ADDRESS	1843 GORDON RIVER LN
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	D
NAME	LOWE, KENNETH W
STREET ADDRESS	2940 GRANDIN ROAD
CITY-ST-ZIP	CINCINNATI, OH 45208
TITLE	S
NAME	KUPRIONIS, M. DENISE
STREET ADDRESS	214 REDBUD CT
CITY-ST-ZIP	LOVELAND, OH 45140
TITLE	T
NAME	WOLFZORN, E. JOHN
STREET ADDRESS	2255 HEATHER HILL BLVD.
CITY-ST-ZIP	CINCINNATI, OH 45208
TITLE	DV
NAME	HORTON, ALAN M
STREET ADDRESS	39 LOCUST HIL RD
CITY-ST-ZIP	CINCINNATI, OH 45245
TITLE	ASST. TREASURER
NAME	CARROLL, MICHAEL W.
STREET ADDRESS	8385 GREENLEAF DR.
CITY-ST-ZIP	CINCINNATI, OH 45255

**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 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: **MWC:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #