

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 012575

FILED
Apr 09, 2008
Secretary of State

Entity Name: COLLIER COUNTY PUBLISHING COMPANY

Current Principal Place of Business:

312 WALNUT ST, 28TH FL
CINCINNATI, OH 45202 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-0578327 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: FISH, JOHN J
Address: 1075 CENTRAL AVE
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: LOWE, KENNETH W
Address: 2940 GRANDIN ROAD
City-St-Zip: CINCINNATI, OH 45208

Title: S () Delete
Name: KUPRIONIS, M D
Address: 214 REDBUD CT
City-St-Zip: LOVELAND, OH 45140

Title: T () Delete
Name: WOLFZORN, E J
Address: 2255 HEATHER HILL BLVD.
City-St-Zip: CINCINNATI, OH 45208

Title: DV () Delete
Name: NECASTRO, JOSEPH G
Address: 312 WALNUT STREET
City-St-Zip: CINCINNATI, OH 45202

Title: AT () Delete
Name: CARROLL, MICHAEL W
Address: 8385 GREENLEAF DR.
City-St-Zip: CINCINNATI, OH 45255

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: LEWIS, PHIL
Address: 1075 CENTRAL AVE
City-St-Zip: NAPLES, FL 34102

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

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

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

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

Title: SRVP (X) Change () Addition
Name: CONTRERAS, MARK G
Address: 8385 GREENLEAF DR.
City-St-Zip: CINCINNATI, OH 45255

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: E. JOHN WOLFZORN

T

04/09/2008

Electronic Signature of Signing Officer or Director

Date