2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# 010193

Entity Name: ASSOCIATED PUBLICATION CORPORATION

Current Principal Place of Business:

495 EAST SUMMERLIN ST.
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

495 EAST SUMMERLIN ST.
BARTOW, FL 33830 US

New Mailing Address:

FEI Number: 59-0148060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRISBIE, HENRY L PRES.
495 E. SUMMERLIN STREET
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

CULLINS, LISA N PRES.
495 E. SUMMERLIN STREET
BARTOW, FL 33830 US

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: LISA N. CULLINS 04/13/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: HOLLAND, MARIANN E.,
Address: 495 E SUMMERLIN
City-St-Zip: BARTOW, FL 00000,

Title: PCEO ( ) Delete
Name: FRISBIE, HENRY L.,
Address: 495 E SUMMERLIN
City-St-Zip: BARTOW, FL 00000,

Title: CCFO ( ) Delete
Name: CULLINS, LISA
Address: 495 E. SUMMERLING
City-St-Zip: BARTOW, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: HOLLAND, MARIANN E
Address: 495 E SUMMERLIN
City-St-Zip: BARTOW,, FL 33830

Title: DIR (X) Change ( ) Addition
Name: FRISBIE, HENRY L
Address: 495 E SUMMERLIN STREET
City-St-Zip: BARTOW, FL 33830

Title: PRES (X) Change ( ) Addition
Name: CULLINS, LISA
Address: 495 E. SUMMERLIN
City-St-Zip: BARTOW, FL 33830

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: LISA N. CULLINS PRES 04/13/2005
Electronic Signature of Signing Officer or Director Date