


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 119559</b>	
1. Entity Name <b>FREE PRESS PUBLISHING COMPANY</b>	

Principal Place of Business <b>1010 W.CASS ST. TAMPA, FL 33606 US</b>	Mailing Address <b>1010 W.CASS ST. TAMPA, FL 33606 US</b>
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06302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0255610</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HARRISON, JOHN N. IV 1010 W CASS ST TAMPA, FL 33606</b>
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

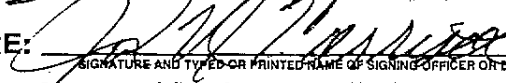
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARRISON, JOHN N., IV 1010 W. CASS ST. TAMPA, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CTD HARRISON, JOHN N III 1010 W. CASS ST. TAMPA, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRISON, JO BETH 1010 W. CASS ST. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALEXANDER, ANN HARRISON 3207 POWERS FORD MARIETTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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07/02/04-80002-010 550.00

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: 	Date: <b>6/30/04</b>	Daytime Phone #: <b>813-254-5888</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		