


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90151 018 \*\*\*150.00

<b>DOCUMENT # 206102</b>	
1. Entity Name FLORIDA PRESS SERVICE, INC.	

Principal Place of Business 2636 MITCHAM DRIVE TALLAHASSEE, FL 32308	Mailing Address 2636 MITCHAM DRIVE TALLAHASSEE, FL 32308
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02232005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-0820774	Applied For 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	
RIDINGS, DEAN 2636 MITCHAM DRIVE TALLAHASSEE, FL 32308	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	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	SM <input type="checkbox"/> Delete
NAME	RIDINGS, DEAN
STREET ADDRESS	2636 MITCHAM DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	PD <input type="checkbox"/> Delete
NAME	MULLIGAN, GERRY
STREET ADDRESS	1624 N MEADOWCREST BLVD
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	VPD <input type="checkbox"/> Delete
NAME	STEIGER, WILLIAM
STREET ADDRESS	633 N. ORANGE AVE
CITY-ST-ZIP	ORLANDO, FL 328011349
TITLE	TD <input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, STEVE
STREET ADDRESS	ONE HERALD PLAZA
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	AUTREY, DAN
STREET ADDRESS	108 CHURCH ST
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	D <input type="checkbox"/> Delete
NAME	BRUNJES, ROBERT
STREET ADDRESS	1939 S FEDERAL HIGHWAY
CITY-ST-ZIP	STUART, FL 34994

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Secretary/President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dean Ridings
STREET ADDRESS	2636 Mitcham Drive
CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Vice-Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sue Rosenthal
STREET ADDRESS	One Herald Plaza
CITY-ST-ZIP	Miami, FL 33132
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dusty Hopkins
STREET ADDRESS	431 Park Ave.
CITY-ST-ZIP	Boca Grande, FL 33921
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 2/24/05	Daytime Phone #: 850 521-1162
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