

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 206102

FILED
Mar 12, 2007
Secretary of State

Entity Name: FLORIDA PRESS SERVICE, INC.

Current Principal Place of Business:

2636 MITCHAM DRIVE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2636 MITCHAM DRIVE
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-0820774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIDINGS, DEAN
2636 MITCHAM DRIVE
TALLAHASSEE, FL 32308 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: PS () Delete
Name: RIDINGS, DEAN
Address: 2636 MITCHAM DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: C () Delete
Name: CANNON, CARL
Address: 1 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: STANCAMPIANO, LOU
Address: 633 N. ORANGE AVE
City-St-Zip: ORLANDO, FL 328011349

Title: TD () Delete
Name: ROSENTHAL, SUE
Address: ONE HERALD PLAZA
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: HOPKINS, DUSTY
Address: 431 PARK AVE
City-St-Zip: BOCA GRANDE, FL 33921

Title: VC () Delete
Name: BRUNJES, ROBERT
Address: 1939 S FEDERAL HIGHWAY
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: D (X) Change () Addition
Name: PETTY, MARTY
Address: 490 FIRST AVE SOUTH
City-St-Zip: ST PETERSBURG, FL 33701

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

I hereby certify that the information supplied with this filing does not qualify for the 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: H DEAN RIDINGS

P

03/12/2007

Electronic Signature of Signing Officer or Director

Date