2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #279783

1. Entity Name

HERALD-ADVOCATE PUBLISHING COMPANY



FILED Jan 09, 2006 08:00 AN Secretary of State

Principal Place of Business

115 S. 7TH AVE.

P.O. BOX 338 WAUCHULA, FL 33873 Mailing Address

115 S. 7TH AVE. P.O. BOX 338

WAUCHULA, FL 33873



DO	NOT	WRITE	IN TH	IS SI	PACE
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CR2E034 (11/05) 01042006 No Chg-P

Applied For 4. FEI Number 59-1036642 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, JAMES R. 4640 BRYAN AVE BOWLING GREEN, FL 33834

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10,	OFFICERS AND DIREC	CTORS		. 3 	
TITLE NAME STREET ADDRESS CITY ST-ZIP	PTD KELLY, JAMES R. 4640 BRYAN AVE BOWLING GREEN, FL 33834				
TITLE NAME STREET AODRESS CITY-ST-ZIP	D KELLY,MILDRED W 1213 LONG MEADOW DRIVE, APT 4 LYNCHBURG, VA 24502	14	\00000381165 01/11/06-80042-025 150.00		
NAME STREET ADDRESS CITY-ST-ZIP	VPSD KELLY, JEAN C. 4640 BRYAN AVE BOWLING GREEN, FL 33834			DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		**************************************		in '	THIS SPACE
NAME STREET ADDRESS CITY-ST ZIP		±			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby o	certify that the information supplied with this fi	ling does not qualify for the exe	mptions con	stained in Chapter 119	P, 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 cath, 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: