

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 338901

FILED  
Jan 08, 2004  
Secretary of State

Entity Name: WAKULLA PUBLISHING COMPANY

## Current Principal Place of Business:

3119 CRAWFORDVILL HWY  
CRAWFORDVILLE, FL 32327

## New Principal Place of Business:

28 LOVE ST.  
CRAWFORDVILLE, FL 32327

## Current Mailing Address:

PO BOX 307  
CRAWFORDVILLE, FL 32326

## New Mailing Address:

FEI Number: 59-1234800

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TURNBULL, SHANNON P.  
194 HOLLYWOOD WAY  
HIGHWAY 319  
CRAWFORDVILLE, FL 32327 US

## Name and Address of New Registered Agent:

JOINER, SHANNON P.  
194 HOLLYWOOD WAY  
HIGHWAY 319  
CRAWFORDVILLE, FL 32327 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: SHANNON P. JOINER

01/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: STD ( ) Delete  
Name: PHILLIPS, STACIE,  
Address: 113 MYSTERIOUS WATERS RD  
City-St-Zip: CRAWFORDVILLE, FL

Title: PD ( ) Delete  
Name: TURNBULL, SHANNON,  
Address: 194 HOLLYWOOD WAY  
City-St-Zip: CRAWFORDVILLE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition  
Name: JOINER, SHANNON,  
Address: 194 HOLLYWOOD WAY  
City-St-Zip: CRAWFORDVILLE, FL

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: SHANNON P. JOINER

PD

01/08/2004

Electronic Signature of Signing Officer or Director

Date