


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90091 028 ***158.75

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| DOCUMENT # 498279 |  |
| 1. Entity Name SPECIAL PUBLICATIONS, INC. | |

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| Principal Place of Business 743 SE FT KING ST OCALA, FL 34471 US | Mailing Address PO BOX 4649 OCALA, FL 34478 US |
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|--|---|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 107 NE 1ST AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|-----------------------------------|-----------------------------------|
| City & State OCALA, FL. | City & State OCALA, FL. |
| Zip 34470 | Country USA |

40076231



04192007 Chg-P CR2E034 (12/06)

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|--|--|--|--|--|
| 5. Name and Address of Current Registered Agent MARKS, LINDA YOUNG 3717 NE 17TH STREET OCALA, FL 34470 | | 4. FEI Number 59-2090760 | | Applied For <input type="checkbox"/> Not Applicable |
| 7. Name and Address of New Registered Agent | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MARKS, LINDA YOUNG 743 SE FORT KING STREET OCALA, FL 34471 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Linda Marks **LINDA MARKS** 4-23-07 **(352)622-2995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #