


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-23-2007 90091 028 \*\*\*158.75

<b>DOCUMENT # 498279</b>	
1. Entity Name SPECIAL PUBLICATIONS, INC.	

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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40076251



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 107 NE 1ST AVE Suite, Apt. #, etc.
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04192007 Chg-P CR2E034 (12/06)

City & State OCALA, FL.	4. FEI Number 59-2090760	Applied For Not Applicable
Zip 34470	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

<b>5. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
MARKS, LINDA YOUNG 3717 NE 17TH STREET OCALA, FL 34470	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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	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 #