

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90004 045 \*\*\*150.00

**DOCUMENT # 545397**

1. Entity Name  
OVIEDO PUBLISHING COMPANY, INC.



Principal Place of Business  
935 NORTHERN DANCER WAY  
205  
CASSELBERRY, FL 32707 US

Mailing Address  
935 NORTHERN DANCER WAY  
205  
CASSELBERRY, FL 32707 US



01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1793025

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FULLINGTON, EDWARD L.  
935 NORTHERN DANCER WAY, #205  
CASSELBERRY, FL 32707

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S/D
NAME	RISHER, THOMAS
STREET ADDRESS	222 CIMARRON BLVD
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	CH/D
NAME	NOLES, JAMES
STREET ADDRESS	PO BOX 365 ((N/A))
CITY-ST-ZIP	GENEVA, FL 32732
TITLE	P/D
NAME	FULLINGTON, EDWARD
STREET ADDRESS	935 NORTHERN DANCER WAY
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	D
NAME	COSSABOOM, ROGER
STREET ADDRESS	144 LAKESIDE CIRCLE
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	D
NAME	WHEELER, FRAN N.
STREET ADDRESS	6065 LAKE CHARM CIR
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	D
NAME	VAN ASSCHE, FRED
STREET ADDRESS	555 EAST LAKE
CITY-ST-ZIP	WINTER PARK, FL 32789

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**

*Edward L. Fullington* Edward L. Fullington 1-10-05 4076999315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #