


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| 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 |
|--|--|

DO NOT WRITE IN THIS SPACE



01142007 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 59-1793025 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

| | |
|---|--|
| 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 |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D RISHER, THOMAS 222 CIMARRON BLVD LADY LAKE, FL 32159 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CH/D NOLES, JAMES PO BOX 365 ((N/A)) GENEVA, FL 32732 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D FULLINGTON, EDWARD 935 NORTHERN DANCER WAY CASSELBERRY, FL 32707 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WHEELER, FRAN N. 6065 LAKE CHARM CIR OVIEDO, FL 32765 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VAN ASSCHE, FRED 555 EAST LAKE WINTER PARK, FL 32789 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

U00000637481
02/26/07-80062-011-150.00

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: *Edward Fullington* *Edward Fullington* 2/13/07 4076999315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #