



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90072 019 ***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
		
4. FEI Number 59-1793025		Applied For 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		
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: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <i>Deceased</i>	
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		
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: <u>Edward Fullington</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3-23-08</u> <u>407 699 9315</u> <small>Date Daytime Phone #</small>