

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005 08:00 AM
Secretary of State

DOCUMENT # 557282

1. Entity Name
INGHAM PUBLISHING, INC.



Principal Place of Business
5650 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33710

Mailing Address
5650 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33710



06282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1783152

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BYERS, DWIGHT C.
5650 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33710

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BYERS, DWIGHT C. 5650 FIRST AVE NORTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BYERS, NANCY 5650 FIRST AVE NORTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEMELLI, MICHAEL A. 3142 3RD AVE NO. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYERS, GAIL 5650 FIRST AVE NORTH ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/06/05-80004-013 150.00

**DO NOT WRITE
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)(f), 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:

Gail Byers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/05

Date

727

343-4811

Daytime Phone #