


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 557282</b> 1. Entity Name <b>INGHAM PUBLISHING, INC.</b>	
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Principal Place of Business <b>5650 FIRST AVENUE NORTH ST. PETERSBURG, FL 33710</b>	Mailing Address <b>5650 FIRST AVENUE NORTH ST. PETERSBURG, FL 33710</b>
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02272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1783152</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BYERS, DWIGHT C. 5650 FIRST AVENUE NORTH ST. PETERSBURG, FL 33710</b>
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**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, 2006 Fee will be \$550.00**

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

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	

U00000472040  
03/29/06-80021-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gail Byers - Gail Byers  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-06 727-343-481  
Date Daytime Phone #