

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 02, 2008 8:00 am
Secretary of State**

05-30-2008 90217 042 ***150.00

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**

66014981



05022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1783152	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

**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: Gail Byers DATE: 5/1/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

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

SIGNATURE: Gail Byers Date: 10/10/08 Daytime Phone #: (727) 343-4811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR