

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90212 040 \*\*\*150.00

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01122007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # 650614</b> 1. Entity Name <b>MONTICELLO PUBLISHING CO., INC.</b>					
Principal Place of Business <b>100 W DOGWOOD ST</b> <b>PO BOX 428</b> <b>MONTICELLO, FL 32344</b>			Mailing Address <b>100 W DOGWOOD ST</b> <b>PO BOX 428</b> <b>MONTICELLO, FL 32344</b>		
2. Principal Place of Business - No P.O. Box # <b>1215 N. Jefferson St.</b>		3. Mailing Address <b>P.O. Box 428</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Monticello, FL</b>		City & State <b>Monticello, FL</b>		4. FEI Number <b>59-1973367</b>	
Zip <b>32345</b>		Country <b>Jefferson</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CICHON, RON A.</b> <b>100 N. JEFFERSON STREET</b> <b>MONTICELLO, FL 32344</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CICHON, RON 1540 LIVE OAK ROAD MONTICELLO, FL		<div style="text-align: right;"><input type="checkbox"/> Delete</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CICHON, JAMIE 1540 LIVE OAK ROAD MONTICELLO, FL		<div style="text-align: right;"><input type="checkbox"/> Delete</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CICHON, TAMMY 1540 LIVE OAK ROAD MONTICELLO, FL		<div style="text-align: right;"><input type="checkbox"/> Delete</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <span>Date: <b>1/12/07</b></span> <span>Daytime Phone #</span> </div>					