


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90113 049 \*\*\*\*61.25

<b>DOCUMENT # 720297</b>	
1. Entity Name GROWTH PUBLISHING CO., INC.	

Principal Place of Business 18 LOOKOUT POINTE RD HULLS COVE, ME 04644 US	Mailing Address PO BOX 205 HULLS COVE, ME 04644 US
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**24072452**



2. Principal Place of Business <b>18 Lookout Point Rd.</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Hulls Cove ME</b>	City & State
Zip <b>04644</b>	Country <b>USA</b>

01112004 Chg-NP CR2E037 (10/03)

4. FEI Number 23-7126780	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 SCARPACE, PHILIP VA MEDICAL CENTER (182) GAINESVILLE, FL 32602	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARRISON, PATRICIA J. 18 LOOKOUT POINTE RD HULLS COVE, ME 046440205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18 LOOKOUT POINT RD HULLS COVE, ME 04644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERRING, SUSAN W. 7557-35TH AVENUE, NE SEATTLE, WA 98115, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRISON, DAVID E. JACKSON LAB 600 MAIN ST. BAR HARBOR, ME 04609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIAS, MERRILL F. BEECH HILL RD. SOMESVILLE, ME 04660 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:** *Patricia J. Harrison* **May 1, 2004** **207-288-6358**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #