

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 720297

1. Entity Name
GROWTH PUBLISHING CO., INC.



Principal Place of Business
**18 LOOKOUT POINT RD
HULLS COVE, ME 04644 US**

Mailing Address
**PO BOX 205
HULLS COVE, ME 04644 US**

DO NOT WRITE IN THIS SPACE



01162005 No Chg-NP CR2E037 (10/03)

4. FEI Number
23-7126780

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCARPACE, PHILIP
VA MEDICAL CENTER (182)
GAINESVILLE, FL 32602**

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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

**Filing Fee is \$61.25
Due by May 1, 2005**

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
**STD
HARRISON, PATRICIA J.
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,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HARRISON, DAVID E.
JACKSON LAB 600 MAIN ST.
BAR HARBOR, ME 04609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ELIAS, MERRILL F.
BEECH HILL RD.
SOMESVILLE, ME 04660**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000204208
01/29/05-80060-023 61.25

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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 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 Patricia J. Harrison 1-26-05 207-288-
Date Daytime Phone # 3533