

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720297

FILED
Mar 24, 2009
Secretary of State

Entity Name: GROWTH PUBLISHING CO., INC.

Current Principal Place of Business:

18 LOOKOUT POINT RD
HULLS COVE, ME 04644 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 205
HULLS COVE, ME 04644 US

New Mailing Address:

PO BOX 52
HULLS COVE, ME 04644 US

FEI Number: 23-7126780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCARPACE, PHILIP
BOX 100267 UNIVER. OF FLORIDA
GAINESVILLE, FL 32610 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: HARRISON, PATRICIA J.,
Address: 18 LOOKOUT POINT RD
City-St-Zip: HULLS COVE, ME 04644

Title: VD () Delete
Name: HERRING, SUSAN W.,
Address: 7557-35TH AVENUE, NE
City-St-Zip: SEATTLE, WA 98115,

Title: PD () Delete
Name: HARRISON, DAVID E.,
Address: JACKSON LAB 600 MAIN ST.
City-St-Zip: BAR HARBOR, ME 04609

Title: D () Delete
Name: ELIAS, MERRILL F.,
Address: 40 BEECH HILL RD
City-St-Zip: SOMESVILLE, ME 04660

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA J. HARRISON

STD

03/24/2009

Electronic Signature of Signing Officer or Director

Date