

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721744

Entity Name: APALACHEE PRESS, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

4541 PECAN BRANCH
TALLAHASSEE, FL 32302 US

New Principal Place of Business:

4541 PECAN BRANCH
TALLAHASSEE, FL 32309 US

Current Mailing Address:

4541 PECAN BRANCH
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-1801633 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWTON, LAURA
4541 PECAN BRANCH
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

NEWTON, LAURA
4541 PECAN BRANCH
TALLAHASSEE, FL 32309 US

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: _____

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAMBY, BARBARA
Address: 1168 SEMINOLE
City-St-Zip: TALLAHASSEE, FL

Title: PTD () Delete
Name: NEWTON, LAURA
Address: 4541 PECAN BRANCH
City-St-Zip: TALLAHASSEE, FL 32308

Title: VSD () Delete
Name: RYALS, MARY JANE
Address: 4130 BUTTERCUP WAY
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: TRAMMELL, MICHAEL
Address: 4130 BUTTERCUP WAY
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: ABRAMS, MELANIE R
Address: 1552 LOOMBS DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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 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 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: LAURA NEWTON

PTD

04/29/2005

Electronic Signature of Signing Officer or Director

Date