


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008 08:00 A.
Secretary of State

DOCUMENT # 721744
 1. Entity Name
 APALACHEE PRESS, INC.



Principal Place of Business Mailing Address
 4144 BUTTERCUP WAY 4144 BUTTERCUP WAY
 TALLAHASSEE, FL 32311 US TALLAHASSEE, FL 32311 US



04062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-1801633 Not Applicable

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

6. Name and Address of Current Registered Agent
 TRAMMELL, MICHAEL
 4144 BUTTERCUP WAY
 TALLAHASSEE, FL 32311

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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: *Michael Trammell* ~~Michael Trammell~~ 4-7-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000886688
 04/18/08-80067-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAMBY, BARBARA
STREET ADDRESS	1168 SEMINOLE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D
NAME	NEWTON, LAURA
STREET ADDRESS	4541 PECAN BRANCH
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	VSD
NAME	RYALS, MARY JANE
STREET ADDRESS	4130 BUTTERCUP WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	PTD
NAME	TRAMMELL, MICHAEL
STREET ADDRESS	4144 BUTTERCUP WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	D
NAME	ABRAMS, MELANIE R
STREET ADDRESS	1552 LOOMBS DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: *Michael Trammell* *Michael Trammell* 4-7-08 (850) 878 8440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #