

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721744

FILED
Apr 12, 2009
Secretary of State

Entity Name: APALACHEE PRESS, INC.

Current Principal Place of Business:

4144 BUTTERCUP WAY
TALLAHASSEE, FL 32311 US

New Principal Place of Business:

Current Mailing Address:

4144 BUTTERCUP WAY
TALLAHASSEE, FL 32311 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:

TRAMMELL, MICHAEL
4144 BUTTERCUP WAY
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

TRAMMELL, MICHAEL D DR.
4144 BUTTERCUP WAY
TALLAHASSEE, FL 32311 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: MICHAEL D TRAMMELL 04/12/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: D () 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: PTD () Delete
Name: TRAMMELL, MICHAEL
Address: 4144 BUTTERCUP WAY
City-St-Zip: TALLAHASSEE, FL 32311

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: D (X) Change () Addition
Name: NEWTON, LAURA DR.
Address: 4541 PECAN BRANCH
City-St-Zip: TALLAHASSEE, FL 32308

Title: VSD (X) Change () Addition
Name: RYALS, MARY JANE DR.
Address: 4144 BUTTERCUP WAY
City-St-Zip: TALLAHASSEE, FL 32303

Title: PTD (X) Change () Addition
Name: TRAMMELL, MICHAEL DR.
Address: 4144 BUTTERCUP WAY
City-St-Zip: TALLAHASSEE, FL 32311

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: MICHAEL TRAMMELL PTD 04/12/2009

Electronic Signature of Signing Officer or Director Date