

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721744

FILED  
Jan 04, 2011  
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 D DR.  
4144 BUTTERCUP WAY  
TALLAHASSEE, FL 32311 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: D  
Name: HAMBY, BARBARA  
Address: 1168 SEMINOLE  
City-St-Zip: TALLAHASSEE, FL

Title: D  
Name: NEWTON, LAURA DR.  
Address: 4541 PECAN BRANCH  
City-St-Zip: TALLAHASSEE, FL 32308

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL TRAMMELL

PRES

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date