2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 10, 2005 08:00 AM **Secretary of State DOCUMENT #846859** 1. Entity Name CITRUS PUBLISHING, INC. Principal Place of Business Mailing Address 1624 N. MEADOWCREST P.O. BOX 549 US SHELBYVILLE, KY 40066 US CRYSTAL RIVER, FL 34429 03012005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 54-1145119 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Reguired 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U0000258670 03/10/05-80050-006 150.00 **\$5.00** May Be Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ABERNATHY, MICHAEL G NAME 601 TAYLORSVILLE ROAD STREET ADDRESS CITY-ST-ZIP SHELBYVILLE, KY 40065 TITLE PITTMAN, COLLEEN NAME STREET ADDRESS 150 W BRAMBLETON AVE CITY-ST-ZIP NORFOLK, VA 23510 TITLE FRIDDELL, GUY NAME STREET ADDRESS 150 W BRAMBLETON AVE DO NOT WRITE CITY-ST-ZIP NORFOLK, VA, VA IN THIS SPACE TITLE GOETZ, SUSAN S NAME STREET ADDRESS 150 W BRAMBLETON AVE CITY-ST-ZIP NORFOLK, VA TITLE NAME MILLER, GARY D. STREET ADDRESS 601 TAYLORSVILLE RD CCY-ST-7IP SHELBYVILLE, KY TITLE

12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(8), 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 607, 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.

NAME STREET ADDRESS

CITY-ST-ZP

MULLIGAN, GERARD

CRYSTAL RIVER, FL

1624 N MEADOWCREST BLVD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED