

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2008 8:00 am
Secretary of State

08-27-2008 90011 005 ***550.00

DOCUMENT # F04000007218 1. Entity Name FAIRFAX PUBLISHING COMPANY, INC.			
Principal Place of Business 311 HAROLD AVE SOUTH LEHIGH ACRES, FL 33971		Mailing Address PO BOX 2076 LEHIGH ACRES, FL 33970	
2. Principal Place of Business - No P.O. Box # 245 Padgett Pl. N. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1622 Suite, Apt. #, etc.	
City & State Lake Land FL Zip 33809 Country		City & State Sterling VA Zip 20167 Country	
4. FEI Number 54-1903286		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS O'MALLEY, ROBERT M 10033 SCENIC VIEW TERRACE VIENNA, VA 22181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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.			
SIGNATURE:		Date _____ Daytime Phone # _____	