

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90011 043 ***150.00

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1. Entity Name

EDITORIAL ENTERPRISES CORPORATION



Principal Place of Business

P.O. BOX 1267
GAINESVILLE FL 32602

Mailing Address

P.O. BOX 1267
GAINESVILLE FL 32602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2250744**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREELAND, MARION E
1212 N.W. 12TH AVE.
GAINESVILLE FL 32601**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SHANKLIN, DOUGLAS R ☐ Delete
STREET ADDRESS 1238 N.W. 18TH TER.
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME SHANKLIN, ELIZABETH ☐ Delete
STREET ADDRESS 4616 VAN NESS ST NW
CITY-ST-ZIP WASHINGTON DC 20016

TITLE VP ☒ Change ☐ Addition
NAME Shanklin, Elizabeth
STREET ADDRESS 3142 Queensbury Drive
CITY-ST-ZIP Los Angeles, CA 90064-4728

TITLE S
NAME SHANKLIN, LEIGH D. ☐ Delete
STREET ADDRESS 260 E CHESTNUT #1510
CITY-ST-ZIP CHICAGO IL 60611

TITLE Secretary ☒ Change ☐ Addition
NAME Shanklin, Leigh D.
STREET ADDRESS 222 Pearson East #1506
CITY-ST-ZIP Chicago, Illinois 60611

TITLE TD
NAME SHANKLIN, DOUGLAS R ☐ Delete
STREET ADDRESS 1238 N.W. 18TH TER.
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME TRUEX, ELEANOR ☐ Delete
STREET ADDRESS 1644 IDLEWILD LN.
CITY-ST-ZIP HOMEWOOD IL 60430

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Douglas R. Shanklin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas R. Shanklin 2-28-04 352/372-3671

Date

Daytime Phone #