

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90027 013 ***150.00

DOCUMENT # F99000005875

1. Entity Name

PUBLISHERS ASSOCIATION OF THE SOUTH,
INCORPORATED



Principal Place of Business

Mailing Address

4412 FLETCHER ST.
PANAMA CITY FL 32405-1017

4412 FLETCHER ST
PANAMA CITY FL 32405-1017



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
62-1276338

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

SABISTON, PATRICIA G
4412 FLETCHER ST
PANAMA CITY FL 32405-1017

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, 2006 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
WATERS, ANNE
1406 PLAZA DRIVE, SOUTHWEST
WINSTON-SALEM NC 27103 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres
Shay, Janice
516 Abercorn St.
Savannah, GA 31401 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SHAY, JANICE
516 ABERCORN ST.
SAVANNAH GA 31401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Rogers, Amy
310 N. Tryon St.
Charlotte, NC 28202 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
TUCKER, GINGER
3825 RIDGEWOOD RD.
JACKSON MS 39211 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TRES
BARBARA, KEENE
1400 COLEMAN AVE.
MACON GA 31207 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AE
SABISTON, PATRICIA
4412 FLETCHER STREET
PANAMA CITY FL 32405 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Patricia G. Sabiston* PATRICIA G. SABISTON 1/18/06 (850)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #