2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2005 08:00 AM Secretary of State

ANNUAL REPORT			C 4 CC4 4	
DOCUMENT # G11817	ne . Í <i>f</i>		Secretary of State	
C & J SAPP PUBLISHING COMPANY				
1323 WILDERNESS LANE 13	iling Address 123 WILDERNESS LANE FUSVILLE, FL 32796 US) 	
DO NOT WRITE IN	a designation of the second of	CE	02032005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For S9-2238993 Not Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registe	ered Agent	y creedingstone in a second		
SAPP, CHRISTOPHER F 1323 WILDERNESS LANE TITUSVILLE, FL 32796			-DO NOT WRITE IN THIS SPACE	
The above named entity submits this statement for the putthe obligations of registered agent.	urpose of changing its register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURESignature, typed or printed name of registered agent and title 4	applicable (NOTE Régisters	d Agent signature required	t ween renstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campalgri Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10. OFFICERS AND DIRECT	TORS			
NAME SAPP, CHRIS STREET ADDRESS 1323 WILDERNESS LANE CITY-ST-ZIP TITUSVILLE, FL 32796		·	U00000219430 02/08/05-80023-012 150.00	
TITLE VTDS NAME SAPP, JEAN STREET ADDRESS 1323 WILDERNESS LANE CITY-ST-ZIP TITUSVILLE, FL 32796				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			e de la companya de	
TITLE NAME STREET APPRESS				

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 celver 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 the an attachingent with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED PAME OF SIGNING OFFICER OR DIRECTOR

46. 03 205 (331)268-878