

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G95504

FILED  
Feb 09, 2006  
Secretary of State

Entity Name: WET SET PUBLICATIONS, INC.

## Current Principal Place of Business:

5395 LENOX AVENUE  
JACKSONVILLE, FL 32205

## New Principal Place of Business:

1324 PLACID PLACE  
JACKSONVILLE, FL 32205

## Current Mailing Address:

1324 PLACID PL.  
JACKSONVILLE, FL 32205

## New Mailing Address:

FEI Number: 59-2420629      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NETTLES, PATRICIA LYNN  
1324 PLACID PL.  
JACKSONVILLE, FL 32205      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: NETTLES, PATRICIA LY, NN  
Address: 1324 PLACID PL.  
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: S ( ) Delete  
Name: DEVLIN, HEIDI  
Address: 5127 POPPY DR  
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: D ( ) Delete  
Name: NEWMAN, SANDI  
Address: 5395 LENOX AVE  
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: D ( ) Delete  
Name: COUNTS, DOUG C  
Address: 5395 LENOX AVE.  
City-St-Zip: JACKSONVILLE, FL 32205

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: DEVLIN, HEIDI E  
Address: 5127 POPPY DR  
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: D (X) Change ( ) Addition  
Name: NEWMAN, SANDI  
Address: 1324 PLACID PLACE  
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: D (X) Change ( ) Addition  
Name: COUNTS, DOUG C  
Address: 1324 PLACID PLACE  
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA LYNN NETTLES

PD

02/09/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date