


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90091 040 ***150.00

DOCUMENT # H35769		
1. Entity Name STEPHENS ADVERTISING, INC.		

Principal Place of Business 700 E. UNION STREET J-2 JACKSONVILLE, FL 32206 US	Mailing Address PO BOX 41046 JACKSONVILLE, FL 32203 US
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2. Principal Place of Business - No P.O. Box # 6635 Highway Av	3. Mailing Address 6635 Highway Av
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville FL	City & State Jacksonville FL
Zip 32254	Zip 32254
Country USA	Country USA

03282007 Chg-P CR2E034 (12/06)



4. FEI Number 59-2482161	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HICKS, R. ANN 700 E. UNION STREET, J-2 JACKSONVILLE, FL 32206	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6635 Highway Av City Jacksonville FL Zip Code 32254
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROOKS, BRANDAL 700 E. UNION STREET JACKSONVILLE, FL 32206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6635 Highway Av Jacksonville FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS HICKS, R. ANN 700 E. UNION STREET JACKSONVILLE, FL 32206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6635 Highway Av Jacksonville FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CASSANI, FRANK 700 E. UNION STREET JACKSONVILLE, FL 32206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6635 Highway Av Jacksonville FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: R. Ann Hicks 4/18/07 904-354-7004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
R. Ann Hicks, President