

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 11, 2005
Secretary of State**

DOCUMENT# L58336

Entity Name: FLYER PRINTING COMPANY, INC.

Current Principal Place of Business:

201 KELSEY LANE
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5059
TAMPA, FL 336755059

New Mailing Address:

FEI Number: 59-2999445 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STANTON, W.J. P.A.
4000 PONCE DE LEON BOULEVARD
470
CORAL GABLES, FL 33146 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: D () Delete
Name: MANDT, JUDITH M
Address: 116 ADALIA AVE
City-St-Zip: TAMPA, FL 33606

Title: DSCE () Delete
Name: MANDT, RICHARD D
Address: 116 ADALIA AVENUE
City-St-Zip: TAMPA, FL 33606

Title: AS () Delete
Name: MANDT, SAMUEL P
Address: 116 ADALIA AVE
City-St-Zip: TAMPA, FL 33606

Title: DAS () Delete
Name: MANDT, A. J. M.
Address: 116 ADALIA AVE.
City-St-Zip: TAMPA, FL 33606

Title: T () Delete
Name: TUCKER, JAMES H
Address: 4907 EBENSBURG DR.
City-St-Zip: TAMPA, FL 33647

Title: ASDP () Delete
Name: KENDALL, JAMES L JR.
Address: 504 CENTERBROOK DR.
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES H. TUCKER

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02/11/2005

Electronic Signature of Signing Officer or Director

Date