


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000005645</b> 1. Entity Name <b>E-O-L PUBLISHING CORPORATION</b>	
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Principal Place of Business <b>110 KEELY CIRCLE NEW SMYRNA BCH, FL 32168</b>	Mailing Address <b>PO BOX 1341 NEW SMYRNA BCH, FL 32170</b>
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01222008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>41-2133207</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>VOSS, JUDY PRES. 110 KEELY CIRCLE NEW SMYRNA BCH, FL 32168</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000851038  
03/25/08-80023-001 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VOSS, JUDY 110 KEELY CIRCLE NEW SMYRNA BCH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TOMLJENOVICH, DORIS 131 PLAZA LN EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEIDER, LINDA 3255 ST JAMES AVE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BASHISTA, ANNE 1257 AZORA DR DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GRIFFIN, NIKKI 2505 JUNIPER DR EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERREIRA, JANET 33 MISNERS TR ORMOND BEACH, FL 32174

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IN THIS SPACE**

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 677, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* **Judy Voss** **2/22/08** **3864281991**