

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 18, 2006  
Secretary of State**

DOCUMENT# N29638

Entity Name: ANHINGA PRESS, INC.

**Current Principal Place of Business:**

1812 SKYLAND DRIVE  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10595  
TALLAHASSEE, FL 323020595 US

**New Mailing Address:**

FEI Number: 59-2949702      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAMPBELL, RICK  
444 WINDING CREEK ROAD  
QUINCY, FL 32351 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

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: SGOUROS, STEPHANIE  
Address: 109 FERNDAL DR  
City-St-Zip: TALLAHASSEE, FL 32301

Title: CEOD ( ) Delete  
Name: CAMPBELL, RICK  
Address: 444 WINDING CREEK ROAD  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: KNIGHT, LYNNE  
Address: 1812 SKYLAND DR.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD ( ) Delete  
Name: ABRAMS, MELANIE R.  
Address: 1552 COOMBS DR, #2  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: GARDNER, JOANN  
Address: 1749 BEECHWOOD CIR.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: SIMPSON, JOHN E  
Address: 1553 BLOCKFORD CT E  
City-St-Zip: TALLAHASSEE, FL 32317

**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  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICK CAMPBELL

CEOD

04/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date