


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90023 045 \*\*\*\*61.25

<b>DOCUMENT # N94000005337</b>	
1. Entity Name <b>LEDGERPLUS NATIONAL ADVERTISING FUND, INC.</b>	

Principal Place of Business <b>401 ST. FRANCIS STREET TALLAHASSEE FL 32301</b>	Mailing Address <b>401 ST. FRANCIS STREET TALLAHASSEE FL 32301</b>
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2. Principal Place of Business - No P.O. Box # <b>545 E. Tennessee St</b>	3. Mailing Address <b>545 E. Tennessee St</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Tallahassee FL</b>	City & State <b>Tallahassee FL</b>
Zip <b>32308</b>	Country <b>USA</b>

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent <b>HARRISON, JOHN 401 ST. FRANCIS STREET TALLAHASSEE FL 32301</b>	
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4. FEI Number <b>59-3302854</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when remaining) DATE:

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	SD BAKER, RON 401 ST FRANCIS ST TALLAHASSEE FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D HARRISON, JOHN I 401 ST. FRANCIS STR TALLAHASSEE FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:  **2-8-07** **850 681-1941**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #