

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90044 027 \*\*\*150.00

**DOCUMENT # P01000030879**

1. Entity Name  
**A CAPPELA PUBLISHING, INC.**



Principal Place of Business  
**913 TENNESSEE LANE  
SARASOTA, FL 34231**

Mailing Address  
**PO BOX 3691  
SARASOTA, FL 34230-3691**

**54009924**



02112004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1113588**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WEIDINGER, LILO  
888 BLVD OF THE ARTS #1503  
SARASOTA, FL 34236**

**7. Name and Address of New Registered Agent**

Name  
**VAUGHN, PATRIKA**  
Street Address (P.O. Box Number is Not Acceptable)

**913 TENNESSEE LANE**  
City **SARASOTA** FL Zip Code **34231**

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 *Lilo Weidinger*  
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

**02/20/2004**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **WEIDINGER, LILO**  
STREET ADDRESS **888BLVD OF THE ARTS #1503**  
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **PD** ☐ Delete  
NAME **VAUGHN, PATRIKA**  
STREET ADDRESS **913 TENNESSEE LANE**  
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☒ Change ☐ Addition  
NAME **VAUGHN, PATRIKA**  
STREET ADDRESS **913 Tennessee Lane**  
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Patrika Vaughn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-20-04** (941) 351-2050  
Date Daytime Phone #