

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90012 001 ***150.00

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02172008 Chg-P CR2E034 (12/06)

DOCUMENT # P01000050690 1. Entity Name PUBLISHERS IN PARADISE INCORPORATED					
Principal Place of Business 1021 JOHNSON STREET KEY WEST, FL 33040			Mailing Address PO BOX 6152 KEY WEST, FL 33040		
2. Principal Place of Business - No P.O. Box # 3675 Seaside Dr #141		3. Mailing Address PO BOX 6152			
Suite, Apt. #, etc. #141		Suite, Apt. #, etc. 			
City & State Key West FL		City & State Key West FL		4. FEI Number 65-1101956	
Zip 33040		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORENCE, RHONDA 1021 JOHNSON ST. KEY WEST, FL 33040			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLORENCE, RHONDA L P.O. BOX 6152 KEY WEST, FL 33041	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHILDS, PAMELA A P.O. BOX 1233 KEY WEST, FL 33041	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 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: _____ 2-28-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					