

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000061964

1. Entity Name

MAGAZINE PUBLISHERS OF FLORIDA, INC.



Principal Place of Business

12788 W. FOREST HILL BLVD., #1003
WELLINGTON, FL 33414

Mailing Address

12788 W. FOREST HILL BLVD., #1003
WELLINGTON, FL 33414



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number

46-0477907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORRIS, ROBERT R ESQ.
685 ROYAL PALM BCH BLVD., SUITE 205
ROYAL PALM BCH, FL 33411

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MANNING, BARRY
STREET ADDRESS 1004 ISLAND MANOR DR.
CITY-STATE-ZIP WEST PALM BEACH, FL 33413

TITLE S
NAME MANNING, JOSHUA I
STREET ADDRESS 1004 ISLAND MANOR DR
CITY-STATE-ZIP WEST PALM BEACH, FL 33413

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

000000421010
02/16/06-80020-007 150.00

**DO NOT WRITE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/06 561-793-7606