

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000070859

1. Entity Name
MIO PUBLISHING, INC.



Principal Place of Business
**1864 UNIVERSITY PKWY.
SARASOTA, FL 34243-2225**

Mailing Address
**1864 UNIVERSITY PKWY.
SARASOTA, FL 34243-2225**



03022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **01-0727652** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DYGERT, JAMES J
2217 DESOTO RD
SARASOTA, FL 34234**

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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**

**U000000492704
04/19/06-80075-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DYGERT, JAMES J
STREET ADDRESS	2217 DESOTO ROAD
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	V
NAME	CLANCY, BOB
STREET ADDRESS	7068 HAWKS HARBOR CIRCLE
CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	ST
NAME	DYGERT, JUDITH
STREET ADDRESS	2217 DESOTO RD.
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *James J Dygert* 4-3-06 941-351-2411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #