2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE:** 

## **FILED** Apr 13, 2005 08:00 AM Secretary of State DOCUMENT # P02000077265 1. Entity Name FLORIDA TODAY, INC. Principal Place of Business Mailing Address 6768 CRESCENT COVE DR 6768 CRESCENT COVE DR SAINT AUGUSTINE FL 32086 SAINT AUGUSTINE FL 32086 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 13-4205642 Not Applicab! Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NEWMAN, GINA 6768 CRESCENT COVE DR Street Address (P.O. Box Number is Not Acceptable) SAINT AUGUSTINE FL 32086 Zip Code City 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Bo After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TEDE Change NEWMAN, GINA NAME NAME HUUUUU301089 STREET ADDRESS 515 MYTLE AVE. STREET ADDRESS 94/18/05-80**017-022 150.00** CITY-SI-ZIP GREEN COVE SPRINGS FL 32043 CITY-ST-ZIP TITLE Delete ☐ Change A.i.iii NEWMAN, ED MARAE NAME STREET ADDRESS 6768 CRESCENT COVE DR STREET ADDRESS SAINT AUGUSTINE FL 32086 CITY - ST - ZIP CITY-ST-ZIP ☐ Delete III E Change Additio NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-78P THILE ☐ Delete THE ☐ Change ☐ Additio NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.