

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90230 033 ***150.00

DOCUMENT # P02000103841

1. Entity Name
TRADER PUBLISHING COMPANY



Principal Place of Business

10014 GROVE DRIVE
C
PORT RICHEY, FL 34668 US

Mailing Address

13806 LITTLE RD.
222
HUDSON, FL 34667 US

50052568



05092005 No Chg-P CR2EC34 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3662161	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALOMON, PETER J
13806 LITTLE RD.
222
HUDSON, FL 34667

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SALOMON, PETER J
STREET ADDRESS	13806 LITTLE RD. #222
CITY-ST-ZIP	HUDSON, FL 34667

TITLE	VP
NAME	SALOMON, PETER J
STREET ADDRESS	13806 LITTLE RD. #222
CITY-ST-ZIP	HUDSON, FL 34667

TITLE	SCY
NAME	SALOMON, PETER J
STREET ADDRESS	13806 LITTLE RD. #222
CITY-ST-ZIP	HUDSON, FL 34667

TITLE	TREA
NAME	SALOMON, PETER J
STREET ADDRESS	13806 LITTLE RD. #222
CITY-ST-ZIP	HUDSON, FL 34667

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 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: _____

J.P. Peter J. Salomon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-05
Date

727-862-1343
(Typed or Printed Name)