

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009668

FILED  
Jun 30, 2005  
Secretary of State

Entity Name: AUTOMATED PUBLISHING SOLUTIONS, INC.

**Current Principal Place of Business:**

3255 POTTER STREET  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15566  
PENSACOLA, FL 32514

**New Mailing Address:**

FEI Number: 14-1868365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALHOUN, BRAD  
10148 VIXEN PLACE  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FERGUSON, DAVID A  
Address: 3255 POTTOR STREET  
City-St-Zip: PENSACOLA, FL 32514

Title: VD ( ) Delete  
Name: CALHOUN, STEPHEN B  
Address: 3255 POTTOR STREET  
City-St-Zip: PENSACOLA, FL 32514

Title: STD ( ) Delete  
Name: BROWN, ALFRED W  
Address: 3255 POTTOR STREET  
City-St-Zip: PENSACOLA, FL 32514

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFRED WAYNE BROWN

STD

06/30/2005

Electronic Signature of Signing Officer or Director

Date