

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90039 004 \*\*\*150.00

**DOCUMENT # P03000023201**

1. Entity Name  
**BORCHETTA SHAFER PUBLISHING, INC.**



Principal Place of Business  
**5912 NEW KINGS ROAD  
JACKSONVILLE, FL 32209**

Mailing Address  
**5912 NEW KINGS ROAD  
JACKSONVILLE, FL 32209**

**20064697**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07142005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOLAN, III, JAMES P.A.  
ST. JOHNS PROF CTR., 4114 HERSCHEL ST.  
SUITE 105  
JACKSONVILLE, FL 32210**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME SHAFER, HAROLD A  
STREET ADDRESS 5912 NEW KINGS ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME BORCHETTA, MICHAEL  
STREET ADDRESS 5912 NEW KINGS ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 209 10th Avenue South  
CITY-ST-ZIP Nashville TN 37203

TITLE TD ☐ Delete  
NAME SHAFER, VICKI  
STREET ADDRESS 5912 NEW KINGS ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME BORCHETTA, MARTHA  
STREET ADDRESS 5912 NEW KINGS ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 209 10th Avenue South  
CITY-ST-ZIP Nashville TN 37203

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE: *Marshall Borchetta*

*[Signature]*

7/15/05

615-726-0099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #