

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000023201

FILED
Apr 30, 2009
Secretary of State

Entity Name: BORCHETTA SHAFER PUBLISHING, INC.

Current Principal Place of Business:

5912 NEW KINGS ROAD
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1124
MOUNT JULIET, TN 37121 US

New Mailing Address:

5912 NEW KINGS ROAD
JACKSONVILLE, FL 32209 US

FEI Number: 90-0213329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

NOLAN, JAMES A P.A.
4114 HERSCHEL STREET
SUITE 105
JACKSONVILLE, FL 32210 US

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: JAMES A. NOLAN, P.A.

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHAFER, HAROLD A
Address: 5912 NEW KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32209

Title: VPD () Delete
Name: BORCHETTA, MICHAEL
Address: 13751 LEBANON ROAD
City-St-Zip: OLD HICKORY, TN 37138

Title: TD () Delete
Name: SHAFER, VICKI
Address: 5912 NEW KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32209

Title: SD () Delete
Name: BORCHETTA, MARTHA
Address: 13751 LEBANON ROAD
City-St-Zip: OLD HICKORY, TN 37138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: BORCHETTA, MICHAEL
Address: 13751 LEBANON ROAD
City-St-Zip: OLD HICKORY, TN 37138

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 exemption stated 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 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: HAROLD A SHAFER

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date