




# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90054 021 \*\*\*150.00

<b>DOCUMENT # P03000028089</b>					
<b>1. Entity Name</b> GAGE PUBLISHING, INC.					
<b>Principal Place of Business</b> 32 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174 US			<b>Mailing Address</b> 32 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174 US		
<b>2. Principal Place of Business</b> 640 OLD HWY 17 Suite, Apt. #, etc.		<b>3. Mailing Address</b> 640 OLD HWY 17 Suite, Apt. #, etc.			
<b>City &amp; State</b> CRESCENT CITY FL		<b>City &amp; State</b> CRESCENT CITY FL		<b>4. FEI Number</b> 20-0251965	
<b>Zip</b> 32112		<b>Country</b> PUTNAM		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GAGE, MARTIN 32 RIVER RIDGE DR. ORMOND BEACH, FL 32174			<b>7. Name and Address of New Registered Agent</b> Name: GAGE, MARTIN Street Address (P.O. Box Number is Not Acceptable): 640 OLD HWY 17 City: CRESCENT CITY FL Zip Code: 32112		
<b>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.</b>					
SIGNATURE: 				DATE: 2/9/05	
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAGE, JAN E 32 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GAGE JAN PRES. 640 OLD HWY 17 CRESCENT CITY FL 32112 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAGE, MARTIN R 32 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GAGE, MARTIN 640 OLD HWY 17 CRESCENT CITY FL 32112 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

**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:  MARTIN R. GAGE V.P. 381 698-1381 2/9/05