2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000074313

1. Entity Name
MUSCATATUCK PUBLISHERS, INC.

Principal Place of Business	Mailing Address
7721 ROYALE RIVER LANE	7721 ROYALE RIVER LANE
LAKE WORTH, FL 33467-6919	LAKE WORTH, FL 33467-6919

/

DO NOT WRITE IN THIS SPACE

02012007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
52-2049200	Not Applicable

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

6. Name and Address of Current Registered Agent

SKINNER, WILLIAM J
7721 ROYALE RIVER LANE
LAKE WORTH, FL 33467-6919

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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
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PST
NAME	SKINNER, WILLIAM J
STREET ADDRESS	7721 ROYALE RIVER LANE
CITY-ST-ZIP	LAKE WORTH, FL 334676919

U00000624888
02/14/07-80053-015 150.00

TITLE	
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STREET ADDRESS	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _William Skinner_   William J. SKINNER   Feb 2007   561-641-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #