

FILED
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Secretary of State

06-04-2008 90004 026 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P0300011170			
1. Entity Name PRI PUBLICATIONS, INC.			
Principal Place of Business 813 EAST LIVINGSTON ST ORLANDO, FL 32803		Mailing Address 813 EAST LIVINGSTON ST ORLANDO, FL 32803	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 32-0085922	
		Applied For Not Applicable	
		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	
WEBB, TRACY B 813 EAST LIVINGSTON ST ORLANDO, FL 32803		Name de la Feuilliez Tracy B. 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: <i>Tracy de la Feuilliez</i> (NOTE: Registered Agent signature required when reinstating) DATE: 5/1/08			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST WEBB, TRACY B 813 EAST LIVINGSTON STREET ORLANDO, FL 32803 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST de la Feuilliez, Tracy B. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST WEBB, MICHAEL P 11597 NORTHWEST 3RD PLACE CORAL SPRINGS, FL 33071 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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: <i>Tracy de la Feuilliez</i> Tracy B. de la Feuilliez 5/1/08 561-504-5883 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			