

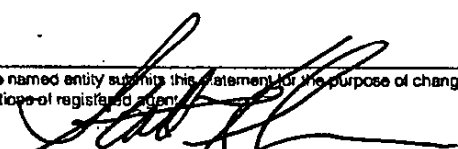
ANNUAL REPORT

FILED

Feb 24, 2005 8:00 am
Secretary of State

01-20-2005 90025 002 ***150.00

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DOCUMENT # P04000100739					
1. Entity Name FOUR CORNERS PUBLISHING, INC.					
Principal Place of Business 280 AVE A NW WINTER HAVEN, FL 33881-4512			Mailing Address 280 AVE A NW WINTER HAVEN, FL 33881-4512		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1376303	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLINE, SCOTT L 280 AVE A NW WINTER HAVEN, FL 33881-4512			7. Name and Address of New Registered Agent		
			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:  DATE: 1/14/05					
(NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	NAME				
NAME	D KLINE, SCOTT L ☐ Delete				
STREET ADDRESS	280 AVE A NW				
CITY-ST-ZIP	WINTER HAVEN, FL 338814512				
TITLE	NAME ☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME ☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME ☐ Delete				
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STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME ☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME ☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME ☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME ☐ Change ☒ Addition				
NAME	Vice President, Director				
STREET ADDRESS	Lynn Bridger				
CITY-ST-ZIP	1112 S. Bay Street				
TITLE	NAME ☐ Change ☒ Addition				
NAME	Sec/Treas, Director				
STREET ADDRESS	Martha Lower				
CITY-ST-ZIP	P.O. Box 1				
TITLE	NAME ☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME ☐ 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 and authorized 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 another like empowered.					
SIGNATURE: 