2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State
02-28-2005 90209 036 ***150.00

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DOCUMENT # P04000105635

1. Entity Name
PRINDLE HOUSE PUBLISHING COMPANY, INC

Principal Place of Business	Mailing Address
1019 ASHTON COVER TERRACE JACKSONVILLE, FL 32218	1019 ASHTON COVER TERRACE JACKSONVILLE, FL 32218

66011013

02152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		P.O. BOX 18761	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: JACKSONVILLE, FL	
Zip	Country	Zip: 32229	Country: USA

4. FEI Number: 06-1690984 ☐ 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
PRINDLE, TWYLA 1019 ASHTON COVER TERRACE JACKSONVILLE, FL 32218	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 ______________________________
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, 2005 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	P PRINDLE, TWYLA 1019 ASHTON COVER TERRACE JACKSONVILLE, FL 32218	☐ 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 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: Twyla D. Prindle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #