

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000030540

FILED
Jan 15, 2007
Secretary of State

Entity Name: BARBES PUBLISHING OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

13500 SUTTON PARK DR. SOUTH, SUITE 105
JACKSONVILLE, FL 32224

New Principal Place of Business:

13500 SUTTON PARK DR. SOUTH
105
JACKSONVILLE, FL 32224

Current Mailing Address:

13500 SUTTON PARK DR. SOUTH, SUITE 105
JACKSONVILLE, FL 32224

New Mailing Address:

13500 SUTTON PARK DR. SOUTH
105
JACKSONVILLE, FL 32224

FEI Number: 20-4407921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLD, KATHLEEN H
ONE INDEPENDENT DR., SUITE 2301
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BESON, A.J.
Address: 13500 SUTTON PARK DR. SOUTH, SUITE 105
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: BARQUILLA, BRIAN
Address: 13500 SUTTON PARK DR. SOUTH, SUITE 105
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BESON, A.J.
Address: 13500 SUTTON PARK DR. SOUTH, #105
City-St-Zip: JACKSONVILLE, FL 32224

Title: D (X) Change () Addition
Name: BARQUILLA, BRIAN
Address: 13500 SUTTON PARK DR. SOUTH, #105
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AJ BESON

OWNE

01/15/2007

Electronic Signature of Signing Officer or Director

Date