

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90413 019 ***158.75

DOCUMENT # P06000127516 1. Entity Name AMERICAN PUBLISHING INC.			
Principal Place of Business 311 RACHELL AVE STE 832 SANFORD, FL 32771		Mailing Address 311 RACHELL AVE STE 832 SANFORD, FL 32771	
2. Principal Place of Business - No P.O. Box # 5355 ORANGE BLVD.		3. Mailing Address PO BOX 470284	
Suite, Apt. #, etc. LOT 18 BIG BASS DR.		Suite, Apt. #, etc. 	
City & State SANFORD, FL		City & State LAKE MONROE, FL	
Zip 32771		Zip 32747-0284	
Country USA		Country USA	
4. FEI Number 22-3944278		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	SPST HUTT-MCLANE, MICHELLE L 311 RACHELL AVE STE 832 SANFORD, FL 32771	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/S/T/ FREDERIC CADIEUX 5355 ORANGE BLVD, LOT 18 BIG BASS DR. SANFORD, FL, 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: MICHELLE L HUTT-MCLANE <i>Michelle Lutt-McLane</i> 4/25/07 (321) 262-7381 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			