

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P36020

1. Entity Name
CHAIN STORE PUBLISHING CORPORATION



Principal Place of Business
**3922 COCONUT PALM DR.
TAMPA, FL 33619 US**

Mailing Address
**3922 COCONUT PALM DR
TAMPA, FL 33619 US**



04142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-6097905

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FRIEDMAN, J. ROGER
STREET ADDRESS 425 PARK AVENUE
CITY-ST-ZIP NEW YORK, NY

TITLE S
NAME RAPUZZI, JOHN
STREET ADDRESS 425 PARK AVENUE
CITY-ST-ZIP NEW YORK, NY 10022

TITLE D
NAME KELLY, JAMES
STREET ADDRESS 42 BYRON LANE
CITY-ST-ZIP LARCHMONT, NY 10538

TITLE VTD
NAME MILLS, DANIEL J.
STREET ADDRESS 425 PARK AVENUE
CITY-ST-ZIP NEW YORK, NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000527660
05/05/06-80005-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06 (613) 627 6700
Date Daytime Phone