

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # P93000007390

1. Entity Name
COMMUNICATION PUBLISHERS, INC.



Principal Place of Business
**3792 SIENA LN
STE. H
PALM HARBOR, FL 34685 US**

Mailing Address
**3792 SIENA LN
PALM HARBOR, FL 34685 US**



03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3163777

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SILBERMANN, GALE ESQ.
PRESTIGE PLACE I
2600 MCCORMICK DR., STE. 230
CLEARWATER, FL 34619**

**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 reissuing)

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**

U00000309530

04/16/05-90040-020 150.00

10. OFFICERS AND DIRECTORS

TITLE
D
NAME
D'AVANZO, JOSEPH
STREET ADDRESS
3792 SIENA LN
CITY- ST- ZIP
PALM HARBOR, FL 34685

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CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

Joseph D'Avanzo **Joseph D'Avanzo** 4/11/05 727-942-1882