

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000070895

FILED  
May 01, 2004  
Secretary of State

Entity Name: SEAGATE PUBLISHING COMPANY

## Current Principal Place of Business:

1909 FAIRFAX CIRCLE  
NAPLES, FL 34109 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 11911  
NAPLES, FL 341011911 US

## New Mailing Address:

FEI Number: 65-0631260

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOSTER, JR., GALE D PRES  
1909 FAIRFAX CIRCLE  
NAPLES, FL 34109 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FOSTER, G D  
Address: 2337 KINGS LAKE BLVD  
City-St-Zip: NAPLES, FL 34112

Title: VP ( ) Delete  
Name: KREUSER, WILLIAM G  
Address: 1025 N. WATERWAY DRIVE  
City-St-Zip: FT. MYERS, FL 33919

Title: ST ( ) Delete  
Name: SPEIRN-SMITH, DOUGLAS H  
Address: 414 CRESCENT STREET  
City-St-Zip: FT. MYERS, FL 33931

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GALE DEAN FOSTER, JR.

P

05/01/2004

Electronic Signature of Signing Officer or Director

Date