## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

## Apr 01, 2005 8:00 am Secretary of State DOCUMENT # P95000092362 04-01-2005 90026 027 \*\*\*150.00 CMD PUBLISHING CORPORATION Principal Place of Business Mailing Address 217 S ADAMS ST 217 S ADAMS ST TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 119 E. Park 119 E. Suite, Apt. #, etc. Suite, Apt. #, etc. 03072005 Chg-P CR2E034 (10/03) Applied For 4. FEI Number City & State City & State 59-3351790 Tallahassee Tallahass Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3230 Fee Required eon 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MIXON, M JUHAN Street Address (P.O. Box Number is Not Acceptable) 217 SOUTH ADAMS ST TALLAHASSEE, FL 32301 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. (NOTE: Registered Agent signature required when registating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE MIXON, M. JUHAN NAME NAME STREET ADDRESS 2630 NOBLE DRIVE STREET ADDRESS 32308 CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP D TITLE ☐ Delete TITLE NAME DUKES, GARNET L NAME 3207 Brookforest Dr. STREET ADDRESS 1767 HERMITAGE DR #2103 STREET ADDRESS 32312 CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP Change Addition TITLE ST ☐ Delete TITLE DUKES, ANDREA NAME NAME Inisheer STREET ADDRESS 4631 IMSHEER DRIVE STREET ADDRESS 32309 TALLAHASSEE, FL 32308 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MIXON, PAT C NAME NAME STREET ADDRESS 2630 NOBLE DRIVE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplied by the pental veport 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 repower fir trustbe 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 participant of an address, with all other like empowered:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED