


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000092362</b>	
1. Entity Name <b>CMD PUBLISHING CORPORATION</b>	

Principal Place of Business <b>119 E PARK AVE TALLAHASSEE, FL 32301</b>	Mailing Address <b>119 E PARK AVE TALLAHASSEE, FL 32301</b>
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DO NOT WRITE IN THIS SPACE



03302006	No Chg P	CR2E034 (11/05)
4. FEI Number <b>59-3351790</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MIXON, M JUHAN  
119 E PARK AVE  
TALLAHASSEE, FL 32301**

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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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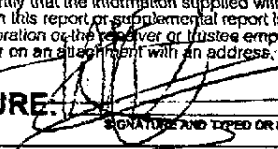
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MIXON, M. JUHAN 2630 NOBLE DRIVE TALLAHASSEE, FL 32308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DUKES, GARNET L 3207 BROOKFOREST DR TALLAHASSEE, FL 32312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST DUKES, ANDREA 4631 INISHEER DR TALLAHASSEE, FL 32309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MIXON, PAT C 2630 NOBLE DRIVE TALLAHASSEE, FL 32308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **M. Juhon Mixon** 3/30/06 850 2222591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR