


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000074982

1. Entity Name
HAMCO BUSINESS MEDIA INCORPORATED



Principal Place of Business
**1615 A CAPITAL CIR, NE
TALLAHASSEE FL 32308
US**

Mailing Address
**P.O. BOX 866
TALLAHASSEE FL 32302**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**BRACK, MICHAEL DAVID
1615 A CAPITAL CIR NE
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Cynthia Brack* **4-10-06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRACK, CYNTHIA ANN 3311 WHIRLAWAY TRAIL TALLAHASSEE FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000502993 04/26/06-80009-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRACK, MICHAEL DAVID 3311 WHIRLAWAY TRAIL TALLAHASSEE FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Cynthia Brack* **4-10-06** **858-942-5600**