

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000005907

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA ACADEMIC PRESS INC.

**Current Principal Place of Business:**

11409 N.W. 8TH PLACE  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 540  
GAINESVILLE, FL 326020540

**New Mailing Address:**

POST OFFICE BOX 540  
GAINESVILLE, FL 32602 US

**FEI Number:** 59-3423232

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DECALO, SAMUEL  
11409 N.W. 8TH PLACE  
GAINESVILLE, FL 32606 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: DECALO, SAMUEL  
Address: 11409 NW 8TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

I hereby 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 all other like empowered.

SIGNATURE: SAM DECALO

CEO

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date