

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000090721
 1. Entity Name
 PERIPATETIC PUBLISHER, INC.



Principal Place of Business 5555 HERON POINT DR #1002 NAPLES, FL 34108 US	Mailing Address 5555 HERON POINT DR #1002 NAPLES, FL 34108 US
--	--

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3459093	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 FINDLATER, JEANNE
 5555 HERON POINT DR
 # 1002
 NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

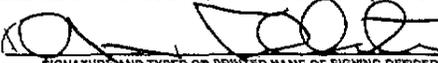
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS FINDLATER, JEANNE 5555 HERON POINT DR #1002 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAKER, MARCIA E 600 LAKELAND AVE GROSSE POINTE, MI 48230
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RICHARD FINDLATER 5555 HERON POINT DR # 1002 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000181068
 01/14/05-80031-023 150.00

DO NOT WRITE IN THIS SPACE

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 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:  **1/5/2005** **239-514-1133**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #