




2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90325 030 ***150.00

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		
2. Principal Place of Business - No P.O. Box # 5555 HERON POINT DR Suite, Apt. #, etc. # 901		3. Mailing Address 5555 HERON POINT DR Suite, Apt. #, etc. # 901			
City & State NAPLES FL		City & State NAPLES FL		4. FEI Number 59-3476631	
Zip 34108		Country COLLIER		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FINDLATER, JEANNE 5555 HERON POINT DR #1002 # 901 NAPLES, FL 34108			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:  DATE: April 12 2007 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PDS NAME FINDLATER, JEANNE STREET ADDRESS 5555 HERON POINT DR #901 CITY-ST-ZIP NAPLES, FL 34108	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BAKER, MARCIA E STREET ADDRESS 600 LAKELAND AVE CITY-ST-ZIP GROSSE POINTE, MI 48230	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME RICHARD FINDLATER STREET ADDRESS 5555 HERON POINT DR #901 CITY-ST-ZIP NAPLES, FL 34108	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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"/> Addition	
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"/> Addition	
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"/> Addition	
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: 			4-12-07 239-514-1133 <small>Date Daytime Phone #</small>		