## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P98000012358** Entity Name 01-27-2005 90057 012 \*\*\*150.00 OKOBOJI PUBLISHING CORP. Principal Place of Business ..... Mailing Address C/O GEPRGE STEWART C/O TAMMI SANDERHOFF 50007480 1420 E VENICE AVE 1722 OAKDALE LANE VENICE, FL 34292 WYNNE, AR 72396 Principal Place of Business Mailing Address George Suite, Apt. #, etc. () 01102005 Chg-P CR2E034 (10/03) 720 South Orange City & State 4. FEI Number Applied For 65-0811960 Sarasota, Not Applicable \$8.75 Additional 342365. Certificate of Status Desired 11SA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PAYNE, L HOWARD ESQ. Street Address (P.O. Box Number is Not Acceptable) 1 ~ 720 SO ORANGE AVE-SARASOTA, FL 34236 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Detete TITLE Change ☐ Addition STEWART, GEORGE 3 MAME NAME STREET ADDRESS PO BOX 122 STREET ADDRESS ARNOLDS PARK, IA CITY-ST-7IP CITY-ST-ZIP VST TITLE ☐ Delete [] etange TITLE Tammi Sanderhoff ☐ Addition SANDERHOFF, TAMMI NAME NAME 15 ROSSELL ST STREET ADDRESS 1722 OAKDALE LANE STREET ADDRESS CITY-ST-ZIP WYNNE, AR 72396 CITY-ST-ZIP Change TITLE ☐ Defete TITLE ☐ Addition STEWART, GREG NAME NAME STREET ADDRESS PO BOX 381 STREET ADDRESS SUTHERLAND, NE 69165 CITY-ST-7IP CITY-ST-ZP TITLE Delete . Addition TITLE FRISK, THERESA MALIF NAME STREET ADDRESS 1705 COTTONWOOD CT STREET ADDRESS CITY-ST-ZIP YORKVILLE, IL 60560 CITY-ST-ZIP TITLE TITLE ☐ Detete Change ☐ Addition STEWART, SHARON NAME NAME 5903 TRUMPET SOUND CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLARKSVILLE, MD 21029 CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition STEWART, SCOTT NAME NAME 9009 DENNEY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MILAN, TN 38358 CITY-ST-ZIP 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 apartinipm with an address, with all other like empowered.

FILED

Jan 27, 2005 8:00 am