

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90007 015 \*\*\*150.00

**DOCUMENT # P98000012358**

1. Entity Name  
**OKOBOJI PUBLISHING CORP.**



Principal Place of Business

**C/O GEORGE STEWART  
240 S PINEAPPLE AVE STE 401  
SARASOTA, FL 34236**

Mailing Address

**C/O TAMMI SANDERHOFF  
15 RUSSELL ST  
GARDNER, MA 01440**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232008

Chg-P

CR2E034 (12/06)

4. FEI Number

**65-0811960**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PAYNE, L HOWARD ESQ.  
240 S PINEAPPLE AVE STE 401  
SARASOTA, FL 34236**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>STEWART, GEORGE</b>	
STREET ADDRESS	<b>PO BOX 122</b>	
CITY-ST-ZIP	<b>ARNOLDS PARK, IA</b>	
TITLE	<b>VTS</b>	<input type="checkbox"/> Delete
NAME	<b>SANDERHOFF, TAMMI</b>	
STREET ADDRESS	<b>15 RUSSELL ST</b>	
CITY-ST-ZIP	<b>GARDNER, MA 01440</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>STEWART, GREG</b>	
STREET ADDRESS	<b>PO BOX 122</b>	
CITY-ST-ZIP	<b>ARNOLDS PARK, IA 51331</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>FRISK, THERESA</b>	
STREET ADDRESS	<b>1705 COTTONWOOD CT</b>	
CITY-ST-ZIP	<b>YORKVILLE, IL 60560</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>STEWART, SHARON</b>	
STREET ADDRESS	<b>5903 TRUMPET SOUND CT.</b>	
CITY-ST-ZIP	<b>CLARKSVILLE, MD 21029</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>STEWART, SCOTT</b>	
STREET ADDRESS	<b>9009 DENNEY DR</b>	
CITY-ST-ZIP	<b>MILAN, TN 38358</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>404 Meadowrose Lane</b>
CITY-ST-ZIP	<b>Yorkville, IL 60560</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**

*Tammi Sanderhoff* **Tammi Sanderhoff** 1/23/08 9786321338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #