## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000009860

Entity Name: ST. JOE NEWS NETWORK, INC.

FILED Apr 10, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

1902 MONUMENT AVENUE 7750 ROBINWOOD DRIVE PORT ST. JOE, FL 32456 PORT ST. JOE, FL 32456

Current Mailing Address: New Mailing Address:

1902 MONUMENT AVENUE P.O. BOX 968

PORT ST. JOE, FL 32456 PORT ST. JOE, FL 32457

FEI Number: 59-3558885 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

COSTIN, CHARLES A
413 WILLIAMS AVENUE
PORT ST. JOE, FL 32456 US
BLAYLOCK, DEWEY A
7750 ROBINWOOD DRIVE
PORT ST. JOE, FL 32456 US

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: DEWEY A BLAYLOCK 04/10/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: SHOAF, STUART L Name: BLAYLOCK, DEWEY A Address: 1902 MONUMENT AVENUE Address: 7750 ROBINWOOD DRIVE

 Address:
 1902 MONUMENT AVENUE
 Address:
 7750 ROBINWOOD DRIVE

 City-St-Zip:
 PORT ST. JOE, FL 32456
 City-St-Zip:
 PORT ST. JOE, FL 32456

Title: VD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SHOAF, NATALIE
 Name:

 Address:
 502 NAUTILIUS DR
 Address:

 City-St-Zip:
 PORT ST. JOE, FL 32456
 City-St-Zip:

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition

 Name:
 SHOAF, RENEE
 Name:
 SHOAF, STUART L

 Address:
 1902 MONUMENT AVENUE
 Address:
 1902 MONUMENT AVENUE

 City-St-Zip:
 PORT ST. JOE, FL 32456
 City-St-Zip:
 PORT ST. JOE, FL 32456

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEWEY A BLAYLOCK PD 04/10/2006