

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000009860

Entity Name: ST. JOE NEWS NETWORK, INC.

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7750 ROBINWOOD DRIVE  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 968  
PORT ST. JOE, FL 32457

**New Mailing Address:**

7750 ROBINWOOD DRIVE  
PORT ST. JOE, FL 32456

FEI Number: 59-3558885

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLAYLOCK, DEWEY A  
7750 ROBINWOOD DRIVE  
PORT ST. JOE, FL 32456 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BLAYLOCK, DEWEY A  
Address: 7750 ROBINWOOD DRIVE  
City-St-Zip: PORT ST. JOE, FL 32456

Title: VD  
Name: SHOAF, NATALIE  
Address: 502 NAUTILIUS DR  
City-St-Zip: PORT ST. JOE, FL 32456

I hereby 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 all other like empowered.

SIGNATURE: DEWEY A BLAYLOCK

OWNE

03/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date