2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 05-10-2004 90481 048 ***150.00 DOCUMENT # P99000025422 1. Entity Name FLAGLER PUBLISHING, INC. Principal Place of Business Mailing Address 44045351 3 CYPRESS BRANCH WAT STE 106 3 CYPRESS BRANCH WAT STE 106 PALM COAST, FL 32164 PALM COAST, FL 32164 2. Principal Place of Business 3. Mailing Address Saite, Apt. #, etc. Suite, Apt. #, etc. 04092004 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For City & State 59-3564271 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCOTT, JAMES A JR Street Address (P.O. Box Number is Not Acceptable) 4440 N. OCEANSHORE BOULEVARD **SUITE 109** PALM COAST, FL 32137 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 signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \(\) (After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VPSD Delete Change . ☐ Addition TITLE TITLE Gibbs. Julita L GIBBS, JUDITH L NAME NAME 7 Ave dala Mer 4806 22 LA GARE ST STREET ADDRESS STREET ADDRESS PALM COAST, FL 32137 CITY-ST-ZIP CITY-ST-ZIP Palm Coast FL 32137 TIO Change Addition ☐ Delete TITLE TITLE Gazzoli, John GAZZOLI, JOHN NAME 22 ha Gare St 3 COLE PLACE STREET ADDRESS STREET ADDRESS Palm Coast CITY-ST-ZIP PALM COAST, FL 32137 CITY-ST-ZIP FL 32137 P. 0 Delete **Change** Addition Garton. Enc 6. GAYTON, ERIC G NAME NAME . 16 Chinici St. 100 EASTWOOD DRIVE STREET ADDRESS STREET ADDRESS Palm Coast. FL 32137 CITY-ST-ZIP PALM COAST, FL 32164 CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

Eric G. Gayton

386-446-1659

FILED May 10, 2004 8:00 am