


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90045 041 \*\*\*150.00

<b>DOCUMENT # P99000043052</b> 1. Entity Name TAYLOR COUNTY BROADCASTING, INC.					
Principal Place of Business ROUTE 13, BOX 318 LAKE CITY, FL 32055			Mailing Address POWER COUNTRY, INC. P.O. BOX 2529 LAKE CITY, FL 32056-2529		
2. Principal Place of Business <i>5450 Hwy 27E</i>		3. Mailing Address Suite, Apt. #, etc.			
City & State <i>Perry FL</i>		City & State City State		4. FEI Number 59-3576330	
Zip <i>32347</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  PEACOCK, RONALD H RT. 13 BOX 318 FRONTIER DRIVE LAKE CITY, FL 32055			7. Name and Address of New Registered Agent Name <i>RONALD H. PEACOCK</i> Street Address (P.O. Box Number is Not Acceptable) <i>206 S MARLON</i> City <i>LAKE CITY</i> FL Zip Code <i>32055</i>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BOLTON, LOUIS D II 3821 COVE DRIVE BIRMINGHAM, AL 35213		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 attachment with an address, with all other like empowered.					
SIGNATURE: <i>Robert Hendricksen</i> <i>2/8/05</i> <i>386-755-4102</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

**50013904**



02012005 Chg-P CR2E034 (10/03)