## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P99000073173**

1. Entity Name

C. PUBLISHING, INC.

Principal Place of Business

200 SOUTH A1A SUITE 4B

FLAGLER BEACH, FL 32136

Mailing Address

312 NORTH 12TH STREET

SUITE 4B

FLAGLER BEACH, FL 32136

## **FILED** Apr 25, 2005 08:00 AM Secretary of State



04202005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3581398

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLEMONS, RICHARD L

## DO NOT WRITE

FLAGLER BEACH, FL 32136			IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	L ed office or r	egistered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registere	d Agent signature	required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDC CLEMONS, RICHARD L 1743 WINDSONG CIRCLE FLAGLER BEACH, FL 32136				U00000328019 04/25 <u>/05</u> -80060-019 1 <b>50.0</b> 0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CLEMONS, MARY R 1743 WINDSONG CIRCLE FLAGLER BEACH, FL 32136				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMD CLEMONS, TODD M 312 12TH STREET FLAGLER BEACH, FL 32136	·		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 flustee 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:

386-831-2856