

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000100217

1. Entity Name
AFRICANPUBLISHERS.COM, INC.



Principal Place of Business
**4773 RICHMOND MEWS
HAVENHILL, FL 33415**

Mailing Address
**P.O. BOX 18469
WEST PALM BEACH, FL 33416-8469**



05302006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0962520

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**IVORY, GWENDOLYN
4773 RICHMOND MEWS
HAVENHILL, FL 33415**

**DO NOT WRITE
IN THIS SPACE**

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

U00000586670
06/05/06-80002-006 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
IVORY, GWENDOLYN
4773 RICHMOND MEWS
HAVENHILL, FL 33415**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
IVORY, GWENDOLYN
4773 RICHMOND MEWS
HAVENHILL, FL 33415**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
IVORY, LEE
4773 RICHMOND MEWS
HAVENHILL, FL 33415**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GWENDOLYN R. COLLINS IVORY

JUNE 1, 2006

Date

361-687-0706

Daytime Phone #