


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**


DOCUMENT # P99000108057  
1. Entity Name  
FOR THE RECORD REPORTING, INC.



Principal Place of Business  
1500 MAHAN DRIVE STE 140  
TALLAHASSEE, FL 32308

Mailing Address  
PO BOX 12042  
TALLAHASSEE, FL 32317-2042

**DO NOT WRITE IN THIS SPACE**



03082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3616998	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ROTRUCK, CLARA C  
1251 REDFIELD RD.  
TALLAHASSEE, FL 32311

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO ROTRUCK, CLARA C 1251 REDFIELD RD. TALLAHASSEE, FL 32311
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000000716842  
04/30/07-80024-012 150.00

**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: Clara C. Rotruck 4/17/07 222-5491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #