

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S09124

FILED
Apr 27, 2007
Secretary of State

Entity Name: THE HERALD PUBLISHING COMPANY, INC.

Current Principal Place of Business:

P.O. BOX 14375
GAINESVILLE, FL 32604 US

New Principal Place of Business:

5 NW 1ST ST
GAINESVILLE, FL 32643 US

Current Mailing Address:

P.O. BOX 14375
GAINESVILLE, FL 32604 US

New Mailing Address:

FEI Number: 59-3037681 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BARBER, C.E.
1105 W. UNIVERSITY AVE
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BARBER, CHARLES E MR
Address: 1105 W. UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: D () Delete
Name: CHANCE, JEAN C MS
Address: 1105 W. UNIVERSITY AVE.
City-St-Zip: GAINESVILLE, FL 32601 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: BARBER, CHARLES E PSTD
Address: 1105 W. UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: D (X) Change () Addition
Name: CHANCE, JEAN C D
Address: 1105 W. UNIVERSITY AVE.
City-St-Zip: GAINESVILLE, FL 32601 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C E BARBER

PSTD

04/27/2007

Electronic Signature of Signing Officer or Director

Date