

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90018 030 ***150.00

DOCUMENT # S12722

1. Entity Name
ROWLAND PUBLISHING, INC.



Principal Place of Business
**1932 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308 US**

Mailing Address
**PO BOX 1837
TALLAHASSEE, FL 32302 US**

50007671



02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3044314	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MATTHEW, SIDNEY L
135 S. MONROE ST.
TALLAHASSEE, FL 32301**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	ROWLAND, BRIAN E.
STREET ADDRESS	1932 MICCOSUKEE ROAD
CITY - ST - ZIP	TALLAHASSEE, FL

TITLE	T
NAME	ROWLAND, BRIAN E.
STREET ADDRESS	1932 MICCOSUKEE ROAD
CITY - ST - ZIP	TALLAHASSEE, FL

TITLE	VP
NAME	HOWES, KIMBERLY
STREET ADDRESS	1932 MICCOSUKEE RD
CITY - ST - ZIP	TALLAHASSEE, FL 32308

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

2.7.6

8508780554

Date

Daytime Phone #