

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90058 002 \*\*\*150.00

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01142008 Chg-P CR2E034 (12/06)

**DOCUMENT # V13486**  
 1. Entity Name  
 FLORIDA COMMUNITY PAPERS ADVERTISING NETWORK, INC.



Principal Place of Business: 13405 SE HWY. 484 BELLEVIEW, FL 34420 US  
 Mailing Address: P.O. BOX 1149 SUMMERFIELD, FL 34492-1149 US

2. Principal Place of Business - No P.O. Box #  
 3. Mailing Address

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country Zip Country

4. FEI Number: 59-3110612  
 Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 NEUHARTH, DAVID J MR  
 12601 SE 53RD TERRACE ROAD  
 BELLEVIEW, FL 34420

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	AUTREY, DAN	
STREET ADDRESS	9911 SEMINOLE BLVD.	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLOYD, CARLA ROCKWELL	
STREET ADDRESS	505 WEST ROBERTSON	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILLIER, RHONDA	
STREET ADDRESS	2905 E. BUS 98	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	T	<input type="checkbox"/> Delete
NAME	BLAIS, STEVE	
STREET ADDRESS	245 S WOODLAND BLVD	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUZMAN, CARLOS	
STREET ADDRESS	11900 SW 128 STREET	
CITY-ST-ZIP	MIAM, FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELATORRE, CHARLES	
STREET ADDRESS	2251 NW 41ST ST # B	
CITY-ST-ZIP	GAINESVILLE, FL 32606	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: David Neuharth 1-18-08 352-347-4470  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #