


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V55213 1. Entity Name FRANKLIN COUNTY CHRONICLE, INC.						<div style="font-size: 24px; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="font-size: 18px; margin-bottom: 5px;">05 JAN 12 PM 3:35</div> <div style="font-size: 12px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
Principal Place of Business 33 BEGONIA ST EASTPOINT, FL 32328		Mailing Address PO BOX 590 EASTPOINT, FL 32328							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State		4. FEI Number 01122005 Chg-P CR2E034 (10/03) 05 59-3137666		Applied For Not Applicable			
Zip		Country		Zip		Country			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
WATKINS, J.A. 103 MARINE ST CARRABELLE, FL 32322				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P HOFFER, THOMAS W PO BOX 590 EASTPOINT, FL 32328			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Thomas W. Hoffer</u>				Date: <u>12 January 2005</u>				Daytime Phone #: <u>850-670-1687</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									

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