

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # V55213**

1. Entity Name  
**FRANKLIN COUNTY CHRONICLE, INC.**



**FILED**

**07 MAR -6 PM 3: 22**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business <b>33 BEGONIA ST EASTPOINT, FL 32328</b>	Mailing Address <b>PO BOX 590 EASTPOINT, FL 32328</b>
---	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>PO Box 15494</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Tallahassee, FL</b>	
Zip	Country	Zip <b>32317</b>	Country

**1-29-07 90099 023 \$150.00**  
02272007 Chg-P CR2E034 (12/06) **07**

6. Name and Address of Current Registered Agent <b>WATKINS, J.A. 103 MARINE ST CARRABELLE, FL 32322</b>				7. Name and Address of New Registered Agent	
				Name <b>Gary R. Heald</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>2424 Winthrop Road</b>	
				City <b>Tallahassee</b>	
				FL Zip Code <b>32308</b>	

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: *Gary R. Heald* DATE: **3/6/07**

(NOTE: Registered Agent signature required when reinstating)

**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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <b>HOFFER, THOMAS W</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PO BOX 590</b>		NAME		
STREET ADDRESS	<b>EASTPOINT, FL 32328</b>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>Chairman, Board of Directors</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gary Heald</b>		NAME		
STREET ADDRESS	<b>2424 Winthrop Road</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>		CITY-ST-ZIP		
TITLE	<b>Director</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Peter F. Crowell</b>		NAME		
STREET ADDRESS	<b>3848 Killbarn Court</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Tallahassee, FL 32309</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Gary R. Heald* DATE: **3/6/07** DAYTIME PHONE #: **850-386-3923**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR