

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2006 08:00 AM
Secretary of State

DOCUMENT # V69742

1. Entity Name
PALM BEACH GAZETTE, INC.



Principal Place of Business
**4773 RICHMOND MEWS
HAVERHILL, FL 33415 US**

Mailing Address
**PO BOX 18469
W PALM BCH, FL 33416 US**



05302006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0371450

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**IVORY, GWENDOLYN R
4773 RICHMOND MEWS
HAVERHILL, FL 33415**

**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)

UD00000566867
06/05/06-80002-004 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
IVORY, GWENDOLYN R.
4773 RICHMOND NEWS
HAVERHILL, FL 33415**

TITLE
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CITY-ST-ZIP

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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

GWENDOLYN R. COLLINS IVORY
GWENDOLYN R. COLLINS IVORY

JUNE 1, 2006

Date

561-687-0706

Daytime Phone #