


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90291 012 ***150.00

DOCUMENT # 012575 1. Entity Name COLLIER COUNTY PUBLISHING COMPANY	
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Principal Place of Business 312 WALNUT ST, 28TH FL P.O. BOX 5380 CINCINNATI, OH 45201 US	Mailing Address 312 WALNUT ST, 28TH FLOOR P.O. BOX 5380 CINCINNATI, OH 45201 US
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44038640



03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0578327	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURDICK, ROBERT W 1843 GORDON RIVER LN NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWE, KENNETH W 2940 GRANDIN ROAD CINCINNATI, OH 45208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUPRIONIS, M. DENISE 214 REDBUD CT LOVELAND, OH 45140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOLFZORN, E. JOHN 2255 HEATHER HILL BLVD. CINCINNATI, OH 45208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HORTON, ALAN M 39 LOCUST HIL RD CINCINNATI, OH 45246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. TREASURER CARROLL, MICHAEL W. 8385 GREENLEAF DR. CINCINNATI, OH 45255

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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: MWC: Michael W. Carroll Date: 4-20-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR