

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90286 008 \*\*\*150.00

**DOCUMENT # P98000012120**  
 1. Entity Name  
**POST PUBLISHING, INC.**



Principal Place of Business      Mailing Address  
**3093 46 AVE NORTH**      **3093 46 AVE NORTH**  
**ST PETERSBURG, FL 33714**      **ST PETERSBURG, FL 33714**

**14011143**



2. Principal Place of Business      3. Mailing Address

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

**9741 International Court N.**      **9741 International Court N.**  
**St. Petersburg, FL 33716**      **St. Petersburg, FL 33716**

01122005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3492264**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PRIDGEN, GRADY C III**  
**3093 46 AVE NORTH**  
**ST PETERSBURG, FL 33714**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
**9741 International Court N.**  
**St. Petersburg, FL 33716**  
 City \_\_\_\_\_      State 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            **\$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	PD PRIDGEN, GRADY C III 3093 46TH AVENUE NORTH ST. PETE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9741 International Court N. St. Petersburg, FL 33716 <input checked="" 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:** \_\_\_\_\_      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **Date** 4/18/05      **Daytime Phone #** \_\_\_\_\_