


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

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

**DO NOT WRITE IN THIS SPACE**



01192004    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-3492264	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

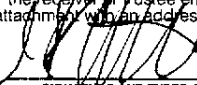
9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PRIDGEN, GRADY C III 3093 46TH AVENUE NORTH ST. PETE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/30/04-80009-013 158.75

**DO NOT WRITE IN THIS SPACE**

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:  Grady C Pridgen III      4-26-04 727-525-1474  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #