


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90115 012 \*\*\*150.00

<b>DOCUMENT # 111977</b>	
1. Entity Name <b>TIMES PUBLISHING COMPANY</b>	

Principal Place of Business <b>490 1ST. AVENUE S. SAINT PETERSBURG, FL 33701</b>	Mailing Address <b>490 1ST. AVENUE S. SAINT PETERSBURG, FL 33701</b>
---	---

40016560



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

02282006 Chg-P CR2E034 (11/05)

City & State	City & State	4. FEI Number <b>59-0482470</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

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

**CORTY, ANDREW P**  
**490 FIRST AVENUE SOUTH**  
**ST. PETERSBURG, FL 33701**

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

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip 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, 2006 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	<b>CD</b> <b>TASH, PAUL C</b> <b>490 FIRST AVENUE SOUTH</b> <b>SAINT PETERSBURG, FL 33701</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>CORTY, ANDREW P</b> <b>490 FIRST AVENUE SOUTH</b> <b>SAINT PETERSBURG, FL 33701</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>PETTY, MARTHA A</b> <b>490 FIRST AVENUE SOUTH</b> <b>SAINT PETERSBURG, FL 33701</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BROWN, NEIL S</b> <b>490 FIRST AVENUE SOUTH</b> <b>SAINT PETERSBURG, FL 33701</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Buckley, Stephen C.</b> <b>490 First Avenue South</b> <b>St. Petersburg, FL 33701</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DeLuca, Joseph F.</b> <b>490 First Avenue South</b> <b>St. Petersburg, FL 33701</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Dunlap, Karen Brown</b> <b>490 First Avenue South</b> <b>St. Petersburg, FL 33701</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Gailey, Philip L.</b> <b>490 First Avenue South</b> <b>St. Petersburg, FL 33701</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Green, Neville</b> <b>490 First Avenue South</b> <b>St. Petersburg, FL 33701</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Merry, Robert W.</b> <b>490 First Avenue South</b> <b>St. Petersburg, FL 33701</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:**  **Andrew P. Corty** **3/15/06** **727/893-8204**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Attachment to:

2006 Uniform Business Report  
Times Publishing Company  
Document #111977

20016365

Additional Officers and Directors

T

Jones, Jana L.  
490 First Avenue South  
St. Petersburg, FL 33701

V

Peppard, Jane  
490 First Avenue South  
St. Petersburg, FL 33701

V/D

Reeves, Richard  
490 First Avenue South  
St. Petersburg, FL 33701

I hereby certify that the information on this attachment is accurate.

Andrew P. Corty  
Andrew P. Corty, Secretary

3/15/06  
Date