


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90067 011 \*\*\*150.00

<b>DOCUMENT # F99000005875</b>					
1. Entity Name <b>PUBLISHERS ASSOCIATION OF THE SOUTH, INCORPORATED</b>					
Principal Place of Business <b>4412 FLETCHER ST PANAMA CITY, FL 32405-1017</b>			Mailing Address <b>4412 FLETCHER ST PANAMA CITY, FL 32405-1017</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>62-1276338</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SABISTON, PATRICIA G 4412 FLETCHER ST PANAMA CITY, FL 32405-1017</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BILLINSLEY, JOSEPH PO BOX 3110 JOHNSON CITY, TN 37605</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Wright, Beth 325 West Walnut Street Johnson City, Tennessee 37604</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V WRIGHT, BETH PO BOX 1261 JOHNSON CITY, TN 37605</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Waters, Anne 1406 Plaza Drive, Southwest Winston-Salem, North Carolina 27103</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BROWN, ART PO BOX 17446 CLEARWATER, FL 33760</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Shay, Janice 516 Abercorn Street Savannah, Georgia 31401</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SHAY, JANICE PO BOX 3146 SAVANNAH, GA 344023146</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Lampe, Betsy Highland City, Florida 33813</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sabiston, Patricia <del>Executive Secretary</del> 4412 Fletcher Street Panama City, Florida 32405</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Patricia G. Sabiston</i> <b>Pat Sabiston, Executive Secretary</b> <b>850-914-0766</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>1/7/2004</b> <small>Daytime Phone #</small>					

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01062004 Chg-P CR2E034 (10/03)