


**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # G92763</b> 1. Entity Name PERRY NEWSPAPERS, INC.	
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Principal Place of Business 123 S. JEFFERSON ST. P.O. BOX 888 PERRY, FL 32348 US	Mailing Address 123 S. JEFFERSON ST. P.O. BOX 888 PERRY, FL 32348 US
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01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2383793	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  LINCOLN, DONADL D 123 S. JEFFERSON ST. PERRY, FL 32347	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE          IN THIS SPACE</p>
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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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	DT
NAME	RATLIFF, BROWARD E
STREET ADDRESS	1606 NEW JERSEY AVENUE
CITY-ST-ZIP	LYNN HAVEN, FL
TITLE	DV
NAME	NIXON, ANN
STREET ADDRESS	1005 BAY VISTA
CITY-ST-ZIP	TARPON SPRGS., FL
TITLE	D
NAME	NIXON, FRANK
STREET ADDRESS	1005 BAY VISTA
CITY-ST-ZIP	TARPON SPRINGS, FL
TITLE	DP
NAME	LINCOLN, DONALD
STREET ADDRESS	123 S JEFF. ST.
CITY-ST-ZIP	PERRY, FL
TITLE	S
NAME	LINCOLN, SUSAN
STREET ADDRESS	123 S JEFF. ST.
CITY-ST-ZIP	PERRY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/14/05-80001-008 150.00

DO NOT WRITE  
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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: Donald D. Lincoln Date: 01-13-05 Daytime Phone #: 850-584-5513  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR