


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

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | |
|--|---|
| DOCUMENT # G92763 1. Entity Name PERRY NEWSPAPERS, INC. |  |
|--|---|

| | |
|---|---|
| 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 |
|---|---|



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"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

LINCOLN, DONADL D
 123 S. JEFFERSON ST.
 PERRY, FL 32347

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 _____ 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. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT RATLIFF, BROWARD E 1606 NEW JERSEY AVENUE LYNN HAVEN, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV NIXON, ANN 1005 BAY VISTA TARPON SPRGS., FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NIXON, FRANK 1005 BAY VISTA TARPON SPRINGS, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP LINCOLN, DONALD 123 S JEFF. ST. PERRY, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LINCOLN, SUSAN 123 S JEFF. ST. PERRY, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ |

DO NOT WRITE IN THIS SPACE

000000180325
 01/14/05-80001-008 150.00

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