


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G92763**  
 1. Entity Name  
**PERRY NEWSPAPERS, INC.**



Principal Place of Business      Mailing Address  
**123 S. JEFFERSON ST.**      **123 S. JEFFERSON ST.**  
**P.O. BOX 888**      **P.O. BOX 888**  
**PERRY, FL 32348 US**      **PERRY, FL 32348 US**



02082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-2383793**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent  
**LINCOLN, DONALD D**  
**123 S. JEFFERSON ST.**  
**PERRY, FL 32347**

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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, 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	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	

U00000468235  
 03/24/06-80023-002 150.00

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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 of 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:       3-13-06      856-584-~~200~~ <sup>513</sup>  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #