


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 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	

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~~ ⁵¹³
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #