


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



04032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2383793	Applied For 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

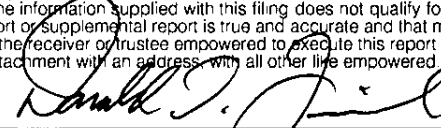
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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	

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05/02/07-80012-003 150.00

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 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 life empowered.

SIGNATURE:  **4-12-07 856-584-5513**

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

DONALD Lincoln