2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G92763

City-St-Zip: PERRY, FL

Entity Name: PERRY NEWSPAPERS INC

FILED Mar 26, 2009 Secretary of State

		EVVOI / VI EI (O, IIVO.			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
123 S. JEFFERSON ST. P.O. BOX 888 PERRY, FL 32348 US				123 S. JEFFERSON ST. PERRY, FL 32347 US	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
123 S. JEF P.O. BOX PERRY, F		3			
FEI Number	: 59-2383793	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	DONADL D FFERSON ST. L 32347 US	3	LINCOLN, DONALD D 123 S. JEFFERSON S PERRY, FL 32347		
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: DONALD D. LINCOLN				03/26/2009	
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DT () RATLIFF, BRO\ 1606 NEW JER LYNN HAVEN, F	SEY AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () NIXON, ANN 1005 BAY VIST. TARPON SPRG		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () NIXON, FRANK 1005 BAY VIST. TARPON SPRIN	A	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () LINCOLN, DON 123 S JEFF. ST PERRY, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S () LINCOLN, SUSA 123 S JEFF. ST		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DONALD D. LINCOLN PRES 03/26/2009