


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000093838
1. Entity Name
THE NEW ST. PETE NEWS, INC.



Principal Place of Business Mailing Address
200 2ND AVE SOUTH #149 **200 2ND AVE SOUTH #149**
ST PETERSBURG, FL 33701-4313 **ST PETERSBURG, FL 33701-4313**



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3674190 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ARMSTRONG, MARILYN A
200 2ND AVE SOUTH #149
ST PETERSBURG, FL 33701-4313

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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: N/A 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 | DP ARMSTRONG, MARILYN 556 BEACH DRIVE N.E. ST. PETERSBURG, FL 33701 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV RONEY, PAUL YN H JR 556 BEACH DRIVE N.E. ST. PETERSBURG, FL 33701 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marilyn A. Armstrong Date: 4/26/05 Daytime Phone #: 727 894-4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR