


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000118716</b>	
1. Entity Name <b>NEWSPAPER SALES, INC.</b>	

Principal Place of Business <b>93D ORANGE STREET ST AUGUSTINE, FL 32084</b>	Mailing Address <b>93D ORANGE STREET ST AUGUSTINE, FL 32084</b>
--	--

**DO NOT WRITE IN THIS SPACE**



04212008 No Chg-P CR2E034 (11/05)

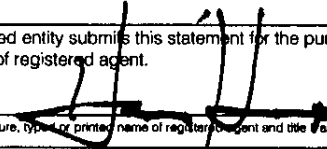
4. FEI Number <b>76-0780532</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**HALAT, HOLLY  
144 WOODLANDS CREEK DR  
PONTE VEDRA, FL 32082**

**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) **4.23.08** DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

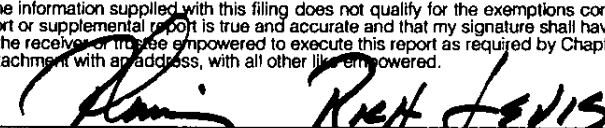
10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	NAME <b>LEVIS, RICHARD JR</b>
STREET ADDRESS <b>1601 OCEAN DRIVE SOUTH</b>	
CITY-ST-ZIP <b>JACKSONVILLE BEACH, FL 32250</b>	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000918116  
05/13/08-80070-004 150.00

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 ILL empowered.

SIGNATURE:  **4.23.08** **904-297-6000** DATE Daytime Phone #