

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000047327

1. Entity Name  
LEESBURG NEWSPAPERS, INC.



Principal Place of Business

212 EAST MAIN STREET  
LEESBURG, FL 34749

Mailing Address

212 EAST MAIN STREET  
LEESBURG, FL 34749

**DO NOT WRITE IN THIS SPACE**

FILED  
04 JAN 29 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3581056

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PERRY, JAMES N  
212 EAST MAIN STREET  
LEESBURG, FL 34749

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME PHILLIPS, RUPERT E  
STREET ADDRESS 1713 GIANT SYCAMORE LANE  
CITY-ST-ZIP BAKER, FL 32531

TITLE D  
NAME DAWS, H C  
STREET ADDRESS 8811 GROW DRIVE  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE SD  
NAME PHILLIPS, SANDRA K  
STREET ADDRESS 1713 GIANT SYCAMORE LANE  
CITY-ST-ZIP BAKER, FL 32531

TITLE D  
NAME DAWS, BRENDA M  
STREET ADDRESS 8811 GROW DRIVE  
CITY-ST-ZIP PENSACOLA, FL 32574

TITLE T  
NAME PAINE, ALAN  
STREET ADDRESS 212 EAST MAIN STREET  
CITY-ST-ZIP LEESBURG, FL 34749

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800028061178  
02/02/04--01095--033 \*\*150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN S. PAINE

1/21/04  
Date

352-765-8200  
Daytime Phone #