

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 09, 2008
Secretary of State**

DOCUMENT# N04000007316

Entity Name: BESS THE BOOK BUS, INC.

Current Principal Place of Business:

2920 W AVERILL AVE
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

2920 W AVERILL AVE
TAMPA, FL 33611

New Mailing Address:

FEI Number: 51-0518142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, JENNIFER E
2920 W AVERILL AVE
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PIERCE, JENNIFER E
Address: 2920 W AVERILL AVE
City-St-Zip: TAMPA, FL 33611

Title: S () Delete
Name: WOOTEN, LEAH
Address: 11209 CEDAR HOLLOW LANE
City-St-Zip: TAMPA, FL 33618

Title: VP () Delete
Name: FRANCES, JUDITH P
Address: 381 LOWERY DR NW
City-St-Zip: FT WALTON BEACH, FL 32548

Title: T () Delete
Name: PIERCE, DARRIN K
Address: 2920 W. AVERILL AVE.
City-St-Zip: TAMPA, FL 33611

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ADV () Change (X) Addition
Name: REINER, LESLIE
Address: 216 S. ARMENIA AVE
City-St-Zip: TAMPA, FL 33609

Title: ADV () Change (X) Addition
Name: MORTON, MARY LOU DR.
Address: 4202 E. FOWLER AVENUE #207
City-St-Zip: TAMPA, FL 33620

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER E. PIERCE

P

03/09/2008

Electronic Signature of Signing Officer or Director

Date