


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90037 027 \*\*\*\*61.25

**DOCUMENT # N14615**  
 1. Entity Name  
**BOOK OF BOOKS FOUNDATION INC.**



Principal Place of Business  
**5233 ROSEN BLVD**  
**BOYNTON BEACH, FL 33437 US**

Mailing Address  
**5233 ROSEN BLVD**  
**BOYNTON BEACH, FL 33437 US**

**54019540**



02232004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business  
**2006 BONVILLE CIRCLE**

3. Mailing Address  
**2006 BONVILLE CIRCLE**

City & State  
**PALM BEACH GARDENS, FL**

City & State  
**PALM BEACH GARDENS, FL**

Zip  
**33418**

Country  
**Palmbch**

Zip  
**33418**

Country  
**PALM BCH**

4. FEI Number  
**59-2695140**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CARLSON, FRED SR.**  
**5233 ROSEN BLVD.**  
**BOYNTON BEACH, FL 33437**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**2006 BONVILLE CIRCLE**

City  
**PALM BEACH GARDENS, FL**

Zip Code  
**33418**

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 **FRED CARLSON SR.** *Fred Carlson Sr.* **3-15-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, FRED, SR. 5233 ROSEN BLVD. BOYNTON BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARLSON, FRED, JR. 10634 RAINBOW DRIVE MERRILL, WI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FELTON, BRENT 5610 HEVERLY DR W PORTAGE, MI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN RYN, TODD 409 S. 12TH AVE WAUSAU, WI 54401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARLSON, FRED JR 6809 WHITE OAK DR PENSACOLA, FL 32503	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2006 BONVILLE CIRCLE</b> <b>PALM BEACH GARDENS, FL 33418</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: **Fred Carlson Sr. (REGISTERED AGENT)** *Fred Carlson Sr.* **3-15-04** **561-848-4243**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #