



FILED
Mar 03, 2008 8:00 am
Secretary of State

01-22-2008 90061 030 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | |
|--|--|---|---|
| DOCUMENT # P07000039476 | |  | |
| 1. Entity Name CHRISTIAN BOOK STORE AND SUPPLIES, INC. | | | |
| Principal Place of Business 405 SOUTH COURTENAY PARKWAY MERRITT ISLAND, FL 32952 US | | Mailing Address 405 SOUTH COURTENAY PARKWAY MERRITT ISLAND, FL 32952 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BREVARD ACCOUNTING GROUP, CPA PA 150 FORTENBERRY ROAD VILLA A MERRITT ISLAND, FL 32952 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 re-appointing) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P TATE, KRISTOPHER 405 SOUTH COURENAY PKWY MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 like empowered. | | | |
| SIGNATURE:  KRISTOPHER TATE | | Date: 1-15-08 Daytime Phone #: 321 453 3490 | |