

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000107335

Entity Name: BOOKITOUT, INC.**Current Principal Place of Business:**11242 ALUMNI WAY
JACKSONVILLE, FL 32246**Current Mailing Address:**PO BOX 550655
JACKSONVILLE, FL 32255**FEI Number:** 20-4139788**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FARAH LAW
6550 ST. AUGUSTINE ROAD
SUITE 103
JACKSONVILLE, FL 32217 US*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:** JAMES E. FARAH, ESQ.**02/08/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHAIRMAN
Name	HEDY, SHAD M
Address	11242 ALUMNI WAY
City-State-Zip:	JACKSONVILLE FL 32246

Title	PRESIDENT
Name	HEDY, JONATHAN
Address	11242 ALUMNI WAY
City-State-Zip:	JACKSONVILLE FL 32246

Title	SECRETARY
Name	HEDY, EVELYN
Address	11242 ALUMNI WAY
City-State-Zip:	JACKSONVILLE FL 32246

Title	TREASURER
Name	HEDY, EVELYN
Address	11242 ALUMNI WAY
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR
Name	HEDY, SHAD
Address	11242 ALUMNI WAY
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR
Name	HEDY, JONATHAN
Address	11242 ALUMNI WAY
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR
Name	HEDY, EVELY
Address	11242 ALUMNI WAY
City-State-Zip:	JACKSONVILLE FL 32246

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JONATHAN HEDY /JEF**PRESIDENT****02/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date