

**2018 FLORIDA PROFIT CORPORATION AMENDED 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.

07/10/2018

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

07/10/2018

Electronic Signature of Signing Officer/Director Detail

Date