

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90388 024 ***150.00

DOCUMENT # 210576

1. Entity Name

FLORIDA SCHOOL BOOK DEPOSITORY, INC.



Principal Place of Business

1125 N. ELLIS ROAD
JACKSONVILLE, FL 32254 US

Mailing Address

POST OFFICE BOX 6578
JACKSONVILLE, FL 32236 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-0826204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENT, JAMES
3802 BATTES CIRCLE
JACKSONVILLE, FL 32210

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete
NAME BENT, JAMES V
STREET ADDRESS 3802 BETTES CIRCLE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE P ☐ Delete
NAME BENT, ROBERT PAUL
STREET ADDRESS 4834 ARAPAHOE AVE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE D ☐ Delete
NAME MACRAE, PATRICIA BENT
STREET ADDRESS 3715 MC GIRTS BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE D ☐ Delete
NAME STANLEY, J. HERBERT
STREET ADDRESS 4815 ALGONQUIN AVE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE D ☐ Delete
NAME BENT, PATRICIA PAUL
STREET ADDRESS 3802 BETTES CIRCLE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE D ☒ Delete
NAME LEE, LEWIS
STREET ADDRESS 3733 ORTEGA BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32210

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/14/06