

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

**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**



04062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**BENT, JAMES  
3802 BATTES CIRCLE  
JACKSONVILLE, FL 32210**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 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
NAME	BENT, JAMES V
STREET ADDRESS	3802 BETTES CIRCLE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	P
NAME	BENT, ROBERT PAUL
STREET ADDRESS	4834 ARAPAHOE AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	MACRAE, PATRICIA BENT
STREET ADDRESS	3715 MC GIRTS BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	STANLEY, J. HERBERT
STREET ADDRESS	4815 ALGONQUIN AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	BENT, PATRICIA PAUL
STREET ADDRESS	3802 BETTES CIRCLE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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04/30/07-80004-005.150.00

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 #

*James V. Bent*

4/11/07

904-781-761