

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 312493

Entity Name: LEMOX BOOK CO., INC.

FILED  
Jan 06, 2008  
Secretary of State

**Current Principal Place of Business:**

1014-UNDERWOOD AVE  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

1014-UNDERWOOD AVE  
PENSACOLA, FL 32504

**New Mailing Address:**

FEI Number: 59-1151650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEMOX III, EDWARD F  
1014 UNDERWOOD AVE  
PENSACOLA FL, FL 32504 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEMOX, EDWARD F  
Address: 4665 BOHEMA PLACE  
City-St-Zip: PENSACOLA, FL 32504

Title: VP ( ) Delete  
Name: LEMOX, MELBA J  
Address: 2116 MORNINGSIDE DR.  
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDWARD F LEMOX III

MGR

01/06/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date