

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 500683

FILED
Jan 12, 2004
Secretary of State

Entity Name: BILL'S BOOKSTORE, INC.

Current Principal Place of Business:

111 S COPELAND ST
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

3365 GARBER DR
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-1692701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNEILL, MALCOLM C., III
3365 GARBER DR
TALLAHASSEE, FL 32303

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: PD () Delete
Name: MCNEILL III, M. C.,
Address: 6982 STANDING PINES LANE
City-St-Zip: TALLAHASSEE, FL

Title: VPST () Delete
Name: MCNEILL, JOYCE S.,
Address: 6982 STANDING PINES LANE
City-St-Zip: TALLAHASSEE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TREA () Change (X) Addition
Name: MCNEILL, JOHN W
Address: 2784 RAIN TREE CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: CFO () Change (X) Addition
Name: AMOS, HAYS M
Address: 3046 SHAMROCK N
City-St-Zip: TALLAHASSEE, FL 32309 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HAYS M. AMOS

CFO

01/12/2004

Electronic Signature of Signing Officer or Director

_____ Date