

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90033 035 ***150.00

DOCUMENT # 633668 1. Entity Name GOERINGS BOOK STORE, INC.	
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Principal Place of Business 3433 W. UNIVERSITY AVE GAINESVILLE FL 32607	Mailing Address 3433 W. UNIVERSITY AVE GAINESVILLE FL 32607
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2. Principal Place of Business - No P.O. Box # 1717 NW 1st Ave Suite, Apt. #, etc.	3. Mailing Address 1717 NW 1st Ave Suite, Apt. #, etc.
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City & State Gainesville, FL Zip 32603	City & State Gainesville, FL Zip 32603
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4. FE# Number 59-1932150	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAINBOW, ELIZABETH 3433 W. UNIVERSITY AVE GAINESVILLE FL 32607	7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 1717 NW 1st Ave City & State Gainesville, FL Zip Code 32603
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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 fee, if applicable.	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS RAINBOW, ELIZABETH 1418 N.W. 16TH TERR. GAINESVILLE FL 32605 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIDER, THOMAS D 415 NW 19TH STREET GAINESVILLE FL 32603 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Elizabeth Rainbow, Treasurer 352-372-3975 1-28-08	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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