## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000000313

Feb 27, 2007 Secretary of State

Entity Name: CHOICE BOOKS OF GULF STATES, INC.

Current Principal Place of Business: New Principal Place of Business:

6115 OLD PASCAGOULA RD THEODORE, AL 36582

Current Mailing Address: New Mailing Address:

6115 OLD PASCAGOULA RD THEODORE, AL 36582

FEI Number: 63-1182505 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HAYWARD, ROBERT

NW FLORIDA DISTRICT, CHOICE BOOKS
20127 W. SHERRY STREET

NW FLORIDA DISTRICT, CHOICE BOOKS

BLOUNTSTOWN, FL 32424 US BLOUNTSTOWN, FL 32424 US

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: HOMER R WENGERD 02/27/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition BEILER, NAAMAN L WENGERD, HOMER R Name: Name: 1800 RIVERSIDE DRIVE Address: 2222 EAST VAUGHAN DRIVE Address: City-St-Zip: MOBILE, AL City-St-Zip: MOBILE, AL 33605 Title: Title: ( ) Delete () Change () Addition

Title: CD ( ) Delete Title: CD (X) Change ( ) Addition

 Name:
 SCHROCK, DUANE
 Name:
 SCHROCK, DUANE

 Address:
 146 BRENTWOOD DRIVE
 Address:
 8821 CO RD 34

 City-St-Zip:
 MOBILE, AL 36826
 City-St-Zip:
 FAIRHOPE, AL 36532

Title: ST () Delete Title: () Change () Addition

 Name:
 MILLER, DOT
 Name:

 Address:
 20590 MENNONITE ROAD
 Address:

 City-St-Zip:
 GULFPORT, MS
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WEBER, JASON
 Name:

 Address:
 1385 AIRPORT ROAD
 Address:

 City-St-Zip:
 ATMORE, AL 36502
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 YODER, LEO
 Name:

 Address:
 2883 SARATOGA DRIVE
 Address:

 City-St-Zip:
 BATON ROUGE, LA
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOMER R WENGERD P 02/27/2007