

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F01000003222

1. Entity Name
T.I.S. COLLEGE BOOKSTORE - GAINESVILLE, INC.



Principal Place of Business
5005 NORTH OLD STATE ROAD 37
BLOOMINGTON, IN 47402

Mailing Address
P.O. BOX 669
BLOOMINGTON, IN 47402-0669

FILED
Apr 18, 2005 08:00 AM
Secretary of State



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1776934	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SUMINSKI, PAMELA
1227 W. UNIVERSITY AVENUE
GAINESVILLE, FL 32601

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME TICHENOR, RAYMOND H
STREET ADDRESS P.O. BOX 669
CITY-ST-ZIP BLOOMINGTON, IN 474020669

TITLE CPD
NAME TICHENOR, TIMOTHY L
STREET ADDRESS P.O. BOX 669
CITY-ST-ZIP BLOOMINGTON, IN 474020669

TITLE CVTD
NAME TICHENOR, JONOTHON E
STREET ADDRESS P.O. BOX 669
CITY-ST-ZIP BLOOMINGTON, IN 474020669

TITLE DS
NAME THEILE, ELIZABETH W
STREET ADDRESS P.O. BOX 669
CITY-ST-ZIP BLOOMINGTON, IN 474020669

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

04/18/05 31-1776934
04/18/05-80146-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Timothy L. Tichenor

3-16-05