06-17-2005 90004 046 ***150.00
G42319
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05 Jun 17 PM 12:08
[illegible] STATE
[illegible], FLORIDA

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G42319

1. Entity Name
BOOK GALLERY WEST, INC.

Principal Place of Business	Mailing Address
4121 N.W. 16TH BLVD 4121 N.W. 16TH BLVD. GAINESVILLE, FL 32605 US	4121 N.W. 16TH BLVD. GAINESVILLE, FL 32605 US

06032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5202 S.W. 91 Terrace	SAME
Suite, Apt. #, etc.: —	Suite, Apt. #, etc.
City & State: Gainesville, FL	City & State: Gainesville
Zip: 32608 Country: USA	Zip: FL Country: USA

4. FEI Number: 59-2265024 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LARDIS, SARA 4121 NW 16TH BLVD GAINESVILLE, FL 32605	Name: LANDis, Sara Street Address (P.O. Box Number is Not Acceptable): 5202 S.W. 91 Terrace City: Gainesville FL Zip Code: 32608

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: Sara Landis 6/11/05
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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LANDIS, SARA 5334 NW 32 LANE GAINESVILLE, FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5202 S.W. 91 Terrace Gainesville, FL 32608
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 JB 3/9
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition AR filed + backdated to 6-17-05. Report was rejected in error on that date.
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 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: Sara Landis 6/11/05 352372-9358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #