

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L19846

FILED  
Jan 23, 2004  
Secretary of State

Entity Name: BOOK-MART OF FLORIDA, INC.

**Current Principal Place of Business:**

165 WEST END AVE  
KNOXVILLE, TN 37922 US

**New Principal Place of Business:**

**Current Mailing Address:**

11130 KINGSTON PIKE  
STE 1 PMB 1-184  
KNOXVILLE, TN 37922 US

**New Mailing Address:**

FEI Number: 62-1448856      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**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: P ( ) Delete  
Name: WINEGARDNER, DEAN,  
Address: 3000 RIVER HAVEN POINT  
City-St-Zip: KNOXVILLE, TN 37922

Title: D ( ) Delete  
Name: WINEGARDNER, DEAN  
Address: 3000 RIVERHAVEN POINT  
City-St-Zip: KNOXVILLE, TN 37922

Title: ST ( ) Delete  
Name: LANCE, KRISTEN  
Address: 165 W END AVE  
City-St-Zip: KNOXVILLE, TN 37922

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: DEAN WINEGARDNER

P

01/23/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date