2005 FOR PROFIT CORPORATION

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF STANDA OFFICER OR DIRECTOR

FILED 2005 08:00 AM

727-461-2160 Daylime Phone 8

. Date

ANNUAL REPORT				Apr 28, 2005 08:00 A			
DOCU	MENT # P0000001873	6]	Seci	retary o	f State
1. Entity Nar	me ~ —-	-	ALT TA			Č	
A CARO	USEL OF BOOKS, INC.		W TO				
Ì			The state of the s	ĺ			
Principal Plac	ce of Business M	lailing Address	 	1			
		1293 S MISSOURÍ AVENUE			· 		
(CLEARWA)E	R, FL 33756	ILEARWATER, FL 33756		l			
					 15 15 10 51 50	(1) USiu s II Us) (3 0)) (45)	
DO NOT WRITE IN THIS SPA				22470005	Na Cha D	ODOFO04 (4.0	V00)
			CE	02172005	No Chg-P	CR2E034 (10	
				4. FEI Number 59-362		-	Applied For Not Applicable
					of Status Desired	□ \$8.7 <u>.</u>	5 Additional
ļ				5. Certificate	or Status Desired		equired
ļ —— —— —	6. Name and Address of Current Regis	stered Agent					· · · · · ·
DRAKE-SCHAFFNER, TARRY 1552 GLEN HOLLOW LN. N. DUNEDIN, FL 34698			}	DΩ	NOT W	DITE	
BONEDIN	, 12 34000]	IN 7	THIS SF	YACE	
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 obliga	tions of registered agent.		oo dilied of register	ea agent, or bo	iti, in the Otale of the	orica, ram laminar	with, and accept
SIGNATURE							
	Signature typed or priviled name of registered agent and title	il applicable (NOTE Registere	d Agent signature required	i when reinstating)		DATE	
	.E NOW!!! FEE 18 \$150.00	9. Election Campaign Finar	ncina \$5	.00 May Be			
After M	ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.		ed to Fees			
10.	OFFICERS AND DIRE	ICTORS		7 F3377748	AND ARTHUR	•	
TITLE	DP		1				
NAME STORET LOGGES	DRAKE-SCHAFFNER, TARRY						
SIREET ADDRESS CITY-ST-ZIP	1552 GLEN HOLLOW LN. N. DUNEDIN, FL 34698		ſ		UUUUO	0340209	
TITLE	DVS			<u></u>	U47287U5-	1340209 -80106-021	150.00
NAME	SCHAFFNER, STEVEN		ł				
STREET ADORESS	1552 GLEN HOLLOW LN. N.	•	l				
CITY-SI ZIP	DUNEDIN, FL 34698		1				
TITLE NAME							
STREET ADDRESS				na	NOT W	DITE	
CITY-ST-ZIP							
TITLE			= 138 <u>2 37 37, , </u>	· IN	THIS SF	PACE	
NAME STREET ADDRESS			ł				
CHY-ST-ZIP			1				
TITLE							
NAME							
STREET ADDRESS CITY-ST-ZIP			[
TITLE			5974 <u></u> _		of LA		
NAME							
SIREET ADDRESS	1		ļ				
CITY-ST ZIP			L				
12. I hereby of indicated	certify that the information supplied with this fill on this report or supplemental report is true a	ling does not qualify for the exer and accurate and that my signat	mption stated in Se- ture shall have the s	ction 119 07(3)(same legal effec	i), Florida Statutes. I It as if made under c	I further cartify that path; that I am an o	the information fficer or director
of the cor	poration or the receiver or trustee empowered or on amattachment with an address, with al	d to execute this report as requir	red by Chapter 607	. Florida Statute	s, and that my name	e appears in Block	10 or Block 11 if