

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000033759

1. Entity Name

LES GIBLIN BOOKS, INC.



Principal Place of Business

2100 BLOSSOM WAY SOUTH
ST PETERSBURG FL 33712

Mailing Address

2100 BLOSSOM WAY SOUTH
ST PETERSBURG FL 33712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number **NO-T APPLICABLE**

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

WITTMAN, LINDA
2100 BLOSSOM WAY SOUTH
ST PETERSBURG FL 33712

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 uninstalling)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME WITTMAN, LINDA
STREET ADDRESS 2100 BLOSSOM WAY SOUTH
CITY- ST- ZIP ST PETERSBURG FL 33712

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
000000038647
02/06/04-80147-005 150.00

TITLE VD ☐ Delete
NAME ZIMA, MELODY G
STREET ADDRESS 64 KNOLLWOOD ROAD
CITY- ST- ZIP UPPER SADDLE RIVER NJ 07458

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04 (237) 865-5220
Date Daytime Phone #