## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000082426

Entity Name
 PPC BOOKS, INC.

Principal Place of Business

250 176TH AVE. E. REDINGTON SHORES, FL 33708

Mailing Address

250 176TH AVE. E. REDINGTON SHORES, FL 33708

FILED
Mar 26, 2007 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

03142007 No Chg-P CR2E034 (11/05)

Applied For

4. FEI Number 52-2342385

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'NEAL, ROCK ESQ. 150 153RD AVE., STE. 203 MADEIRA BEACH, FL 33708

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registered	Ageni signature	required when reinstating)	DATE
		Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			***************************************
NAME STREET AODRESS CITY-ST-ZIP	DPST BOAL, CHRISTOPHER W 250 176TH AVE. E. REDINGTON SHORES, FL 33708				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000679401 04/03/07-80037-001 150.00
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN <sup>*</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 eath, 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayt