

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90029 038 ***150.00

| | | | |
|--|---|---|---|
| DOCUMENT # P03000046048 1. Entity Name BOOK ENTERPRISE, INC. | | | |
| Principal Place of Business 13598 ADMIRAL CT. FT. MYERS, FL 33912 | | Mailing Address 13598 ADMIRAL CT. FT. MYERS, FL 33912 | |
| 2. Principal Place of Business 12846 Ivory Stone Cp. | | 3. Mailing Address 12846 Ivory Stone Cp | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Ft. Myers, FL | | City & State Ft. Myers, FL | |
| Zip 33913 | | Zip 33913 | |
| Country US | | Country US | |
| 4. FEI Number 41-2093382 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BOOK, JEFFREY S 13598 ADMIRAL CT. FT. MYERS, FL 33912 | | 7. Name and Address of New Registered Agent Name Jeffrey S. Book Street Address (P.O. Box Number is Not Acceptable) 12846 Ivory Stone Cp. City Ft. Myers FL Zip Code 33913 | |
| 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 <u><i>Jeffrey S. Book</i></u> <u><i>Jeff Book</i></u> <u><i>President/CEO</i></u> <u><i>2/11/06</i></u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD BOOK, JEFFREY S 13598 ADMIRAL CT. FT. MYERS, FL 33912 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing 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 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: <u><i>Jeffrey S. Book</i></u> <u><i>Jeff Book</i></u> <u><i>2/11/06</i></u> <u><i>239-385-0455</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small> | | | |