


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90120 006 ***150.00

DOCUMENT # P03000050697	
1. Entity Name BOOKWORM, INC.	

Principal Place of Business 10210 FOLEY ST. BROOKSVILLE, FL 34601 US	Mailing Address 10210 FOLEY ST. BROOKSVILLE, FL 34601 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



04212008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent CORLISS, CYNTHIA J PRES 8422 ANGLER'S POINTE DRIVE TEMPLE TERRACE, FL 33637	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10210 Foley Street City Brooksville FL Zip Code 34601
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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 Cynthia J. Corliss 4/21/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORLISS, CYNTHIA J 8422 ANGLER'S POINTE DRIVE TEMPLE TERRACE, FL 33637 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Cynthia J. Corliss 4/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #