

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066739

FILED  
Jun 30, 2009  
Secretary of State

Entity Name: LINDENSTRUTH BOOKS INC.

## Current Principal Place of Business:

1623 N 13 AVE  
PENSACOLA, FL 32503

## New Principal Place of Business:

1623 N 13TH AVE  
PENSACOLA, FL 325035644

## Current Mailing Address:

1623 N 13 AVE  
PENSACOLA, FL 32503

## New Mailing Address:

1623 N 13TH AVE  
PENSACOLA, FL 325035644

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, THECKLA W  
1623 N 13 AVE  
PENSACOLA, FL 32503 US

## Name and Address of New Registered Agent:

WILLIAMS, THECKLA W  
1623 N 13TH AVE  
PENSACOLA, FL 325035644 US

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.

SIGNATURE: THECKLA W. WILLIAMS

06/30/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WHITE, META L  
Address: P O BOX 685  
City-St-Zip: CHATHAM, VA 24531

Title: D ( ) Delete  
Name: WHITE, WILLIAM C JR  
Address: 5770 SECRETARY'S SAND RD  
City-St-Zip: ESMONT, VA 29937

Title: D ( ) Delete  
Name: WILLIAM, THECKLA W  
Address: 1623 N 13 AVE  
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete  
Name: ALDERSON, LAURA W  
Address: 7117 MILL RIDGE ROAD  
City-St-Zip: RALEIGH, NC 276133513

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, THECKLA W  
Address: 1623 N 13TH AVE  
City-St-Zip: PENSACOLA, FL 325035644

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THECKLA W. WILLIAMS

D

06/30/2009

Electronic Signature of Signing Officer or Director

Date