


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000111051


1. Entity Name
COVER TO COVER BOOKS, INC.



Principal Place of Business
**91272 OVERSEAS HWY., #6
 TAVERNIER, FL 33070**

Mailing Address
**91272 OVERSEAS HWY., #6
 TAVERNIER, FL 33070**

DO NOT WRITE IN THIS SPACE



03232007 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0094794	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THOMSON, JENNIFER B
 91272 OVERSEAS HIGHWAY
 TAVERNIER, FL 33070**

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000763517
 05/30/07-80013-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMSON, ROSS D 91272 OVERSEAS HIGHWAY TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD THOMSON, JENNIFER B 91272 OVERSEAS HIGHWAY TAVERNIER, FL 33070
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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: Bill Thomson **J. Bell-Thomson** 4/4/07 3058532466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #