2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State
01-25-2007 90058 003 ***150.00

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1. Entity Name
J & K BOOKS OF FLORIDA, INC

Principal Place of Business	Mailing Address
5455 PALMETTO WOODS DRIVE NAPLES, FL 34119	5455 PALMETTO WOODS DRIVE NAPLES, FL 34119

01152007 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box #		3. Mailing Address	
6070 Collier Blvd		6070 Collier Blvd	
Suite, Apt. #, etc. 12		Suite, Apt. #, etc. 12	
City & State: Naples Florida		City & State: Naples Florida	
Zip: 34114	Country: USA	Zip: 34114	Country: USA

4. FEI Number 20-5169364 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MADDEN, JOANN 5455 PALMETTO WOODS DRIVE NAPLES, FL 34119	Name: Kathy Stewart Street Address (P.O. Box Number is Not Acceptable): 8108 Josefa Way City: Naples FL Zip Code: 34114

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MADDEN, JOANN 5455 PALMETTO WOODS DRIVE NAPLES, FL 34119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D STEWART, KATHY L 5455 PALMETTO WOODS DRIVE NAPLES, FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP: President Kathy L Stewart 8108 Josefa Way Naples, FL 34114	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ 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: Kathy L Stewart Kathy L Stewart 1/22/07 239-659-2665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #