


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90056 045 \*\*\*150.00

<b>DOCUMENT # P06000133785</b> 1. Entity Name <b>BOOK TRADER, INC</b>					
Principal Place of Business <b>2150 TAMiami TRAIL UNIT 8 PORT CHARLOTTE, FL 33948 US</b>				Mailing Address <b>215107 GLADIS AVE PORT CHARLOTTE, FL 33952 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>2150 TAMiami TRAIL</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Unit 8</b>			
City & State		City & State <b>Port Charlotte</b>			
Zip	Country	Zip <b>FL</b>	Country <b>Charlotte</b>	4. FEI Number <b>20-5753511</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GOLDSTEIN, DAVID.B 23462 PATERA AVE PORT CHARLOTTE, FL 33980</b>				7. Name and Address of New Registered Agent Name <b>Mary G. Stewart, CPA, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>4456 Tamiami Trail A10</b> City <b>Port Charlotte</b> <b>FL</b> Zip Code <b>33948</b>	
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>Mary G. Stewart</i></u> <span style="float: right;">3-7-08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P,S ZANOT, MARIAN C 21507 GLADIS AVE PORT CHARLOTTE, FL 33952		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<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>Marian C Zanot</i></u> <span style="float: right;">3/7/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					