

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000154854

1. Entity Name
BOOK BAZAAR ORG INC



Principal Place of Business
2120 SOUTH COMBEE ROAD
LAKELAND, FL 33801 US

Mailing Address
2120 SOUTH COMBEE ROAD
LAKELAND, FL 33801 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

DALEY, ROBERT
1337 SUMMIT CHASE DRIVE
LAKELAND, FL 33813

7. Name and Address of New Registered Agent

Name	Applied For	
Street Address (P.O. Box Number is Not Acceptable)	Not Applicable	
City	FL	Zip Code

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, 2008 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	P DALEY, SHARON 1337 SUMMIT CHASE DRIVE LAKELAND, FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DALEY, ROBERT 1337 SUMMIT CHASE DRIVE LAKELAND, FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:

Robert Daley 4-28-08

**FILED
May 01, 2008 8:00 am
Secretary of State**

05-01-2008 90208 023 ***158.75



01072008 Chg-P CR2E034 (12/06)

4. FEI Number **20-8072009** Applied For
 Not Applicable

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