

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000014412

FILED
Sep 03, 2008
Secretary of State

Entity Name: ST. AUGUSTINE BOOK WAREHOUSE, INC.

Current Principal Place of Business:

2700 STATE RD 16 SUITE 303
ST AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

11130 KINGSTON PIKE PMB 1-184
KNOXVILLE, TN 37934

New Mailing Address:

FEI Number: 20-8243837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WINEGARDNER, DEAN
Address: 11130 KINGSTON PIKE SUITE 1-183
City-St-Zip: KNOXVILLE, TN 37934

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SECR () Change (X) Addition
Name: O'CONNOR, PATRICK C SECR
Address: 11130 KINGSTON PIKE, SUITE 1-183
City-St-Zip: KNOXVILLE, TN 37934

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: PATRICK C. O'CONNOR

SECR

09/03/2008

Electronic Signature of Signing Officer or Director

_____ Date