

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26047

FILED
Apr 11, 2007
Secretary of State

Entity Name: GIBSON'S UNIVERSITY BOOK STORE, INC.

Current Principal Place of Business:

320 N CAPITAL AVENUE
SUITE A-1
LANSING, MI 48933

New Principal Place of Business:

Current Mailing Address:

320 N CAPITAL AVENUE
SUITE A-1
LANSING, MI 48933

New Mailing Address:

FEI Number: 38-1465072 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROSSITER, PAMELA
8817 S ORCHARD DRIVE NORTH
DAVIE, FL 33328 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: PRES () Delete
Name: POQUETTE, DAVID J
Address: 1411 WEST WEBB
City-St-Zip: DEWITT, MI

Title: VPRES () Delete
Name: ROSSITER, PAMELA J
Address: 8817 SOUTH ORCHARD DRIVE NORTH
City-St-Zip: DAVIE, FL 33328

Title: SEC () Delete
Name: NEGRETTE, NANETTE J
Address: 7403 NW 58TH CT
City-St-Zip: TAMARAC, FL 33321

Title: TRES () Delete
Name: BUCHE, MATTHEW K
Address: 10703 CLINTONIA RD
City-St-Zip: PORTLAND, MI 48875

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NANETTE J NEGRETTE

SEC

04/11/2007

Electronic Signature of Signing Officer or Director

_____ Date