

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000007400

1. Entity Name
BOOKS FOR THOUGHT, INC.



Principal Place of Business
**10910 N. 56TH ST.
TAMPA, FL 33617**

Mailing Address
**10910 N. 56TH ST.
TAMPA, FL 33617**



04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3154367

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WINTONS, FELECIA A
6924 TROUT ST.
TAMPA, FL 33617**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000118281

04/19/04-80053-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WINTONS, FELECIA A
STREET ADDRESS	6924 TROUT ST
CITY - ST - ZIP	TAMPA, FL 33617
TITLE	VP
NAME	JAMES, DONNA
STREET ADDRESS	6924 TROUT ST
CITY - ST - ZIP	TAMPA, FL 33617
TITLE	S
NAME	WINTONS, MELVIN P
STREET ADDRESS	6924 TROUT ST
CITY - ST - ZIP	TAMPA, FL 33617
TITLE	T
NAME	WINTONS, LILLIE M
STREET ADDRESS	6924 TROUT ST
CITY - ST - ZIP	TAMPA, FL 33617
TITLE	D
NAME	KELLY, MARILYN W
STREET ADDRESS	RT 6 BOX 525-2
CITY - ST - ZIP	LAKE CITY, FL 32025
TITLE	D
NAME	JACKSON, BRENDA
STREET ADDRESS	RT 6 BOX 525-2
CITY - ST - ZIP	LAKE CITY, FL 32025

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Felecia A. Winton Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day, Month, Phone #