

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90019 030 ***150.00

DOCUMENT # P93000025349

1. Entity Name

BOOK ESSENTIALS SOUTH, INC.



Principal Place of Business

251 NE DIXIE BLVD
DELRAY BEACH FL 33442
US

Mailing Address

251 NE DIXIE BLVD
DELRAY BEACH FL 33442
US



2. Principal Place of Business - No P.O. Box #
1020 N.W. 8th Street

Suite, Apt. #, etc.

3. Mailing Address
1020 N.W. 8th Street

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number **65-0405008**

Applied For
Not Applicable

Zip
33486

Country

Zip
33486

Country

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

6. Name and Address of Current Registered Agent

DEAN, HENRY CPA
251 NE DR BLVD
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSELL, BERNARD	
STREET ADDRESS	1020 N.W. 8TH STREET	
CITY- ST- ZIP	BOCA RATON FL 33486	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RUSSELL, THERESA S	
STREET ADDRESS	1020 N.W. 8TH STREET	
CITY- ST- ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Bernard O. Russell **BERNARD O. RUSSELL**

2/22/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #