

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000027110

1. Entity Name  
BARMARRAE BOOKS, INC.



Principal Place of Business

3017 NW 62ND TERRACE  
GAINESVILLE, FL 32606 US

Mailing Address

3017 NW 62ND TERRACE  
GAINESVILLE, FL 32606 US

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**



04012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3319030

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

UPHOLD, CONSTANCE R  
3017 NW 62ND TERR  
GAINESVILLE, FL 32606

**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 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

U00000933945  
05/23/08-80012-012 150.00

**10. OFFICERS AND DIRECTORS**

|                |                       |
|----------------|-----------------------|
| TITLE          | P                     |
| NAME           | UPHOLD CONNIE,        |
| STREET ADDRESS | 3017 NW 62ND TERRACE  |
| CITY-ST-ZIP    | GAINESVILLE, FL 32606 |
| TITLE          | ST                    |
| NAME           | GRAHAM, MARY V        |
| STREET ADDRESS | 5127 NW 62ND ST       |
| CITY-ST-ZIP    | GAINESVILLE, FL 32653 |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mary V. Graham 04/29/08 (355)  
378-5354