

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000028018

FILED
Mar 02, 2005
Secretary of State

Entity Name: COLLEGE BOOK RACK, INC.

Current Principal Place of Business:

3520-1 ST JOHNS BLUFF RD
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 380092
JACKSONVILLE, FL 322059266 US

New Mailing Address:

209 INLET DRIVE
ST. AUGUSTINE, FL 32080 US

FEI Number: 59-3317470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RALLS, DAVID L
50 N. LAURA STREET, STE. 2200
JACKSONVILLE, FL 32202 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: PS () Delete
Name: BRUCE, BEVERLY A
Address: 3520-1 ST JOHNS BLUFF RD S
City-St-Zip: JACKSONVILLE, FL 32224

Title: V () Delete
Name: BRUCE, JOHNNY W.
Address: 3520-1 ST JOHNS BLUFF RD S
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: JOHNNY W BRUCE

V

03/02/2005

Electronic Signature of Signing Officer or Director

Date