

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000023390

Entity Name: AMERICAN BOOK CO.

FILED  
Feb 24, 2005  
Secretary of State

**Current Principal Place of Business:**

165 WEST END AVENUE  
KNOXVILLE, TN 37922 US

**New Principal Place of Business:**

11130 KINGSTON PIKE  
1-183  
KNOXVILLE, TN 37922 US

**Current Mailing Address:**

11130 KINGSTON PIKE  
1-183  
KNOXVILLE, TN 37922 US

**New Mailing Address:**

FEI Number: 58-2306379      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CD ( ) Delete  
Name: WINEGARDNER, DEAN  
Address: 3000 RIVER HAVEN POINT  
City-St-Zip: KNOXVILLE, TN 37922

Title: P ( ) Delete  
Name: WINEGARDNER, DEAN  
Address: 3000 RIVER HAVEN POINT  
City-St-Zip: KNOXVILLE, TN 37922

Title: ST ( ) Delete  
Name: O'CONNOR, PATRICK  
Address: 165 WEST END AVE  
City-St-Zip: KNOXVILLE, TN 37922

**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:

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 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: PAT O'CONNOR

ST

02/24/2005

Electronic Signature of Signing Officer or Director

Date