

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # P97000104484

1. Entity Name
THE SECOND READ, INC.



Principal Place of Business
243 VENTURA ROAD
ST AUGUSTINE, FL 32080

Mailing Address
243 VENTURA ROAD
ST AUGUSTINE, FL 32080



03242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3486958

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VON SPRECKELSEN, SUSAN
243 VENTURA ROAD
ST. AUGUSTINE, FL 32084

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME YOUNG, EVELYN D
STREET ADDRESS 243 VENTURA ROAD
CITY-ST-ZIP ST AUGUSTINE, FL 32080

TITLE STD
NAME VON SPRECKELSEN, SUSAN
STREET ADDRESS 243 VENTURA ROAD
CITY-ST-ZIP ST AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000701422
04/20/07-80056-018 150.00

**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: Susan von Spreckelsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-07 (904) 461-3962
Date Daytime Phone #

SUSAN VON SPRECKELSEN