

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90049 041 ***150.00

DOCUMENT # P99000043691

1. Entity Name

NEWSOUTH BOOKS, INC.



Principal Place of Business --- Mailing Address
10911 BONITA BEACH ROAD SE #2073 10911 BONITA BEACH ROAD SE #2073
BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135

2. Principal Place of Business --- 3. Mailing Address
Suite, Apt. #, etc. 10981 BONITA BEACH RD.
Suite, Apt. #, etc.

City & State City & State
BONITA SPRINGS FL

Zip Country Zip Country
34135

4. FEI Number 59-3608338 Applied For
Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEDRICH, CLEDA P
10911 BONITA BEACH ROAD SE #2073
BONITA SPRINGS FL 34135

Name
Street Address (P.O. Box Number is Not Acceptable)
10981 BONITA BEACH RD.
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, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME HEDRICH, CLEDA P
STREET ADDRESS 10911 BONITA BEACH ROAD SE #2073
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10981 BONITA BEACH ROAD
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME HEDRICH, NORMAN S
STREET ADDRESS 10911 BONITA BEACH ROAD SE #2073
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10981 BONITA BEACH ROAD
CITY-ST-ZIP

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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

CLEDA HEDRICH 4/8/04 (239)947-3433