

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90143 001 ***150.00

DOCUMENT # V38309 1. Entity Name BOOK SWAP OF PALM HARBOR, INC.					
Principal Place of Business 32840 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684			Mailing Address 32840 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03302005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3124390				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODS, CHRISTINE L MS. 100 SW 117TH TERRACE APT 207 PEMBROKE PINES, FL 33025			7. Name and Address of New Registered Agent Name Terese Mackey Street Address (P.O. Box Number is Not Acceptable) 2429 Islander Court City Palm Harbor FL Zip Code 34683		
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 <u>Christine L. Woods</u> <u>Terese Mackey</u> 3/31/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS WOODS, CHRISTINE L <input checked="" type="checkbox"/> Delete 100 SW 117TH TERRACE APT 207 PEMBROKE PINES, FL 33025		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Terese Mackey 2429 Islander Court Palm Harbor, FL 34683	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV <input checked="" type="checkbox"/> Delete ANDREWS-SMITH, DENISE 2983 HIDDEN TIMBER DR ORION, MI 48359		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete LAUGHLIN, KAREN E 2854 WILDWOOD DRIVE CLEARWATER, FL 33761		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Christine L. Woods</u> <u>Terese Mackey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/31/05 (727) 784-8253 <small>Date Daytime Phone #</small>		