

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V49264

Entity Name: WILD IRIS BOOKS, INC.

FILED  
Jun 30, 2005  
Secretary of State

**Current Principal Place of Business:**

802 W UNIVERSITY AVE.  
GAINESVILLE, FL 3601 US

**New Principal Place of Business:**

**Current Mailing Address:**

802 W UNIVERSITY AVE.  
GAINESVILLE, FL 32601 US

**New Mailing Address:**

FEI Number: 59-3131278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KRAUTH, CHERYL D  
3847 NW 32ND PLACE  
GAINESVILLE, FL 32606 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KRAUTH, CHERYL D  
Address: 3847 NW 32ND PLACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: VS ( ) Delete  
Name: RODRIGUEZ, LYLLY F  
Address: 1515 NW 29TH ROAD  
City-St-Zip: GAINESVILLE, FL 32605

**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: CHERYL D KRAUTH

PD

06/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date