

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000166061

**Entity Name:** CLUB BOOK SERIES, INC.

**Current Principal Place of Business:**

2243 NW SEAGRASS DR  
PALM CITY, FL 34990-4807

**Current Mailing Address:**

2243 NW SEAGRASS DR  
PALM CITY, FL 34990-4807 US

**FEI Number:** 20-3951916

**Certificate of Status Desired:** No

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

MITCHELL L. STUMP, CPA, PA  
2243 NW SEAGRASS DR  
PALM CITY, FL 34990-4807 US

*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:** MITCHELL LYNN STUMP

02/06/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            STUMP, MITCHELL LYNN  
Address        2243 NW SEAGRASS DR  
City-State-Zip: PALM CITY FL 34990-4807

Title            VPD  
Name            AHONEN, JESSICA MARIE  
Address        45-324 MAHALANI STREET  
                  UNIT A  
City-State-Zip: KANEOHE HI 96744

Title            SECRETARY  
Name            STUMP, MITCHELL LYNN  
Address        2243 NW SEAGRASS DR  
City-State-Zip: PALM CITY FL 34990-4807

Title            TREASURER  
Name            STUMP, MITCHELL LYNN  
Address        2243 NW SEAGRASS DR  
City-State-Zip: PALM CITY FL 34990-4807

*I hereby 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 all other like empowered.*

**SIGNATURE:** MITCHELL LYNN STUMP

PRES

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date