

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90004 029 \*\*\*158.75

**DOCUMENT # L25356**  
 1. Entity Name  
 CREATE-A-BOOK, INC.



Principal Place of Business: 1232 PAULA CIRCLE, GULF BREEZE, FL 32563 US  
 Mailing Address: 1232 PAULA CIRCLE, GULF BREEZE, FL 32563 US

44002122

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country  
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country



01122004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3049258  
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
 SMITH, GREGORY D.  
 201 SOUTH BAYLEN STREET  
 SUITE B  
 PENSACOLA, FL 32501

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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: HEFTY, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS: 976 GRAND CANAL STREET	CITY-ST-ZIP: GULF BREEZE, FL 32561	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD	NAME: Hefty, John	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1232 Paula Circle	CITY-ST-ZIP: Gulf Breeze, FL 32563	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *John B. Hefty*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2004 850-934-1599  
 Date Daytime Phone #