

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


7/6/04

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90120 045 \*\*\*158.75

**DOCUMENT # 425396**

1. Entity Name  
**FIRST PHOTO, INC.**



Principal Place of Business      Mailing Address  
 1323 N. ORANGE AVENUE      1323 N. ORANGE AVENUE  
 ORLANDO, FL 32804      ORLANDO, FL 32804

**66430137**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

06302004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-1458894      Not Applicable

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

6. Name and Address of Current Registered Agent  
**HARMON, JUDITH L.**  
 13593 BRYNWOOD LANE SE  
 FT. MYERS, FL 33912

7. Name and Address of New Registered Agent  
 Name **DAVID A. HARMON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8219 RIVERA SHORE COURT**  
 City **ORLANDO**      FL      Zip Code **32817**

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 **DAVID A. HARMON**      *David A Harmon*      7-14-04      DATE **6-30-2004**

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARMON, JUDITH L. 13593 BRYNWOOD LANE SE FT. MYERS, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARMON, JAMES R. 1259 MORINGSIDE DRIVE FT. MYERS, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARMON, DAVID A 8219 RIVERA SHORE COURT ORLANDO, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID A. HARMON 8219 RIVERA SHORE COURT ORLANDO, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHARD HARMON 13593 BRYNWOOD LANE SE FT. MYERS, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JUDITH HARMON 13593 BRYNWOOD LANE SE FT. MYERS, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: **DAVID A. HARMON**      *David A Harmon*      Date **6-30-2004**      Daytime Phone #

*David A Harmon*      7-14-04