

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 834115

1. Entity Name
PHOTO CHEMICAL SYSTEMS, INC.



Principal Place of Business

**105 FOREST DR.
KNIGHTDALE, NC 27545**

Mailing Address

**105 FOREST DR.
KNIGHTDALE, NC 27545**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-1173463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SLAWTER, RICHARD E. JR.
11348 TEE TIME CIRCLE
NEW PORT RICHEY, FL 34654**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000588629
01/17/07-80077-014 150.00

10. OFFICERS AND DIRECTORS

TITLE PT
NAME AVERETTE, PRESTON
STREET ADDRESS 105 FOREST DRIVE
CITY-ST-ZIP KNIGHTDALE, NC

TITLE VPS
NAME WILSON, GREG
STREET ADDRESS 105 FOREST DR
CITY-ST-ZIP KNIGHTDALE, NC 27545

TITLE VPS
NAME SACHS, JOHN
STREET ADDRESS 105 FOREST DR
CITY-ST-ZIP KNIGHTDALE, NC 27545

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #