

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90028 049 ***150.00

DOCUMENT # H60418

1. Entity Name
PHOTOGRAPHS BY NANCY, INC.



Principal Place of Business
**1535 CYPRESS DR
SUITE 1
JUPITER, FL 33469 US**

Mailing Address
**1535 CYPRESS, DR
SUITE 1
JUPITER, FL 33469 US**

40000302



2. Principal Place of Business
**861 JUPITER PARK DR
Suite, Apt. #, etc.
Suite G**

3. Mailing Address
**325 RIVERSIDE DRIVE
Suite, Apt. #, etc.**

01062005 Chg-P CR2E034 (10/03)

City & State
JUPITER FL

City & State
JUPITER FL

Zip
33458 Country
USA

Zip
33469 Country
USA

4. FEI Number
59-2540000

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**HAMILTON, NANCY B.
325 RIVERSIDE DRIVE
JUPITER, FL 33469**

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 *Nancy B. Hamilton* (NOTE: Registered Agent signature required when re/issuing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HAMILTON, NANCY B. 325 RIVERSIDE DR. JUPITER, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: *Nancy B. Hamilton* 1/6/05 (561) 746-1223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #