


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90053 024 \*\*\*\*61.25

**DOCUMENT # N94000000547**

1. Entity Name  
**PROFESSIONAL PHOTOGRAPHERS OF SOUTHWEST FLORIDA, INC.**



Principal Place of Business  
**2 AVENIDA CARITA  
 FT. MYERS BEACH, FL 33931**

Mailing Address  
**2 AVENIDA CARITA  
 FT. MYERS BEACH, FL 33931**



2. Principal Place of Business - No P.O. Box #  
**22638 Westbridge Ct**

3. Mailing Address  
**22638 Westbridge Ct**

Suite, Apt. #, etc.

04092008 Chg-NP CR2E037 (12/06)

City & State  
**Esterov, FL**

City & State  
**Esterov, FL**

Zip  
**33928**

Country  
**USA**

Zip  
**33928**

Country  
**USA**

4. FEI Number  
**65-0457199**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JODICE, JEFF  
 4020 SW 2ND PLACE  
 CAPE CORAL, FL 33914**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CASTELLI, LORI 15320 MOONRAKER CT #205 NORTH FORT MYERS, FL 33917	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ANDERSON, ROBERTA 802 SE 34TH STREET CAPE CORAL, FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDERSON, HENRY 3790 FT KEIS LABELLE, FL 33935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NOCERA, CATHY 419 SANTA BARBARA BLVD CAPE CORAL, FL 33991	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JODICE, JEFF 4020 SW 2ND PLACE CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMMONS, SARA 850 12TH AVE N NAPLES, FL 34120	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CASTELLI, LORI 15320 MOONRAKER CT #205 NORTH FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ANDERSON, ROBERTA 802 SE 34TH ST CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DP</del> BUCHANAN, JAY 14131 BARKWOOD ST FORT MYERS, FL 33905	<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	DEMEO, Joseph J 22638 Westbridge Ct Esterov, FL 33928	<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 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 617, 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:** Joseph J. Demeo **4/9/08** **239-289-1682**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #