2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2006
Secretary of State

DOCUMENT# N96000002033

Entity Name: PROFESSIONAL PHOTOGRAPHERS OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business:

2231 SE 59TH ST
OCALA, FL 34480 US

New Principal Place of Business:

Current Mailing Address:

2231 SE 59TH ST
OCALA, FL 34480 US

New Mailing Address:

FEI Number: 59-3249355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFIN, TAMMY L
2231 SE 59TH ST
OCALA, FL 34480 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	GRIFFIN, TAMMY	
Address:	2231 SE 59TH ST.	
City-St-Zip:	OCALA, FL 34480	
Title:	VD	( ) Delete
Name:	MORRISSEY, THOMAS	
Address:	8850 SW 14TH AVE	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	VD	( ) Delete
Name:	RADLINSKI, KRYSTAL	
Address:	2145 NW 147TH ST	
City-St-Zip:	NEWBERRY, FL 32669	
Title:	SD	( ) Delete
Name:	PETERS, JOHN	
Address:	4241 NW 70TH TERRACE	
City-St-Zip:	GAINESVILLE, FL 32606	
Title:	TD	( ) Delete
Name:	RADLINKSI, MATTHEW	
Address:	2145 NW 147TH ST	
City-St-Zip:	NEWBERRY, FL 32669	
Title:	D	( ) Delete
Name:	BRILL, SAMUEL	
Address:	4302 NW 21ST DRIVE	
City-St-Zip:	GAINESVILLE, FL 32605	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	GORDON, CHARLES	
Address:	1735 NE JACKSONVILLE RD STE 3	
City-St-Zip:	OCALA, FL 34470	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW RADLINSKI TD 01/16/2006

Electronic Signature of Signing Officer or Director — Date