2005 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

8/8/2005-90043-020-$155.00-$155.00

DOCUMENT # P02000111177

FILED
05 SEP 20 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
TOM HARPER PHOTOGRAPHY, INC.

Principal Place of Business	Mailing Address
9770 COUNTY OAKS DR FT MYERS FL 33912	9770 COUNTY OAKS DR FT MYERS FL 33912

T. Roberts SEP 20 2005

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
461 Jung Blvd East	461 Jung Blvd East
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples FL
Zip: 34120 Country: USA	Zip: 34120 Country: USA

4. FEI Number 74-3065544 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARPER, THOMAS L JR 9770 COUNTY OAKS DR FT MYERS FL 33912	Name: Harper Thomas L Jr. Street Address (P.O. Box Number is Not Acceptable): 461 Jung Blvd East City: Naples FL FL Zip Code: 34120

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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	DP HARPER, THOMAS L JR 9770 COUNTY OAKS DR FT MYERS FL 33912	☐ Delete	DP Harper, Thomas L Jr. 461 Jung Blvd East Naples FL 34120	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HARPER, DONNA L 9770 COUNTY OAKS DR FT MYERS FL 33912	☐ Delete	DV Harper Donna L 461 Jung Blvd East Naples FL 34120	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	900059772379 09/20/05--01012--021 **403.75	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: _____ Aug 2 2005 239-560-0994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #