

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

FILED

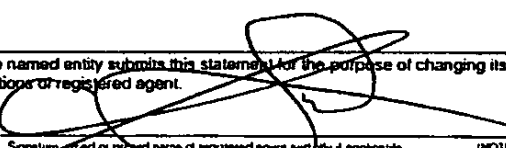
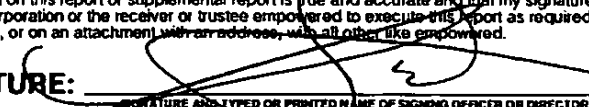
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



T. Roberts SEP 20 2005

1st MOORE CR2E034 (10/04)

DOCUMENT # P02000111177			
1. Entity Name TOM HARPER PHOTOGRAPHY, INC.			
Principal Place of Business 9770 COUNTY OAKS DR FT MYERS FL 33912		Mailing Address 9770 COUNTY OAKS DR FT MYERS FL 33912	
2. Principal Place of Business 461 Jung Blvd East		3. Mailing Address 461 Jung Blvd East	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples FL	
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 HARPER, THOMAS L JR 9770 COUNTY OAKS DR FT MYERS FL 33912		7. Name and Address of New Registered Agent Name Harper Thomas L Jr. Street Address (P.O. Box Number is Not Acceptable) 461 Jung Blvd East City Naples 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 		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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Harper, Thomas L Jr. 461 Jung Blvd East Naples FL 34120 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OV HARPER, DONNA L 9770 COUNTY OAKS DR FT MYERS FL 33912 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OV Harper Donna L 461 Jung Blvd East Naples FL 34120 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900059772379 09/20/05--01012--021 ***403.75 ☐ 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
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: 		Aug 2 2005 239-560-0994	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	