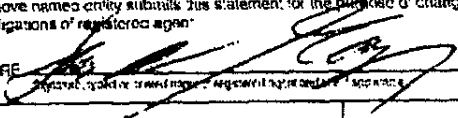
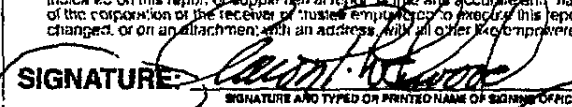


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |                                                                                                                                                                                                                                                                                     |                                                  |                                                            |                                                  |                                                               |                                                  |  |                                                  |  |                                                  |  |
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| DOCUMENT # P03000046880                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                               |                                                                                                                                                                                                    |                                                  |                                                            |                                                  |                                                               |                                                  |  |                                                  |  |                                                  |  |
| 1. Entity Name<br>AARON LOCKWOOD PHOTOGRAPHY, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                               |                                                                                                                                                                                                                                                                                     |                                                  |                                                            |                                                  |                                                               |                                                  |  |                                                  |  |                                                  |  |
| Principal Place of Business<br>13517 65 ST N<br>LARGO, FL 33771                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               | Mailing Address<br>13517 65 ST N<br>LARGO, FL 33771                                                                                                                                                                                                                                 |                                                  |                                                            |                                                  |                                                               |                                                  |  |                                                  |  |                                                  |  |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                               |                                                                                                                                                                                                                                                                                     |                                                  |                                                            |                                                  |                                                               |                                                  |  |                                                  |  |                                                  |  |
| 8. Name and Address of Current Registered Agent<br><br>GAYLOR, THOMAS U<br>2849 PADDOCK DR<br>PALM HARBOR, FL 34684                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               | <br>04062005 No Chg-P CR2E034 (10/03)<br>4. FEI Number<br>55-0828692<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>Applied For<br>No: Applicable |                                                  |                                                            |                                                  |                                                               |                                                  |  |                                                  |  |                                                  |  |
| 9. I, the above named entity, submit 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.<br>SIGNATURE  4/8/05<br>(NOTE: Registered Agent signature required when re-registering)                                                                                                                                                                                                                                   |                                                               | <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                   |                                                  |                                                            |                                                  |                                                               |                                                  |  |                                                  |  |                                                  |  |
| FILE NUMBER 00000000000000000000<br>9. Block on Corporate Filings <input type="checkbox"/> Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                               |                                                                                                                                                                                                                                                                                     |                                                  |                                                            |                                                  |                                                               |                                                  |  |                                                  |  |                                                  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1"> <tr> <td>11.1<br/>NAME<br/>STREET ADDRESS<br/>CITY-STATE-ZIP</td> <td>PTD<br/>LOCKWOOD, AARON<br/>13517 65 ST N<br/>LARGO, FL 33771</td> </tr> <tr> <td>11.2<br/>NAME<br/>STREET ADDRESS<br/>CITY-STATE-ZIP</td> <td>VSD<br/>LOCKWOOD, JENNIFER<br/>13517 65 ST N<br/>LARGO, FL 33771</td> </tr> <tr> <td>11.3<br/>NAME<br/>STREET ADDRESS<br/>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>11.4<br/>NAME<br/>STREET ADDRESS<br/>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>11.5<br/>NAME<br/>STREET ADDRESS<br/>CITY-STATE-ZIP</td> <td></td> </tr> </table>                              |                                                               |                                                                                                                                                                                                                                                                                     | 11.1<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | PTD<br>LOCKWOOD, AARON<br>13517 65 ST N<br>LARGO, FL 33771 | 11.2<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | VSD<br>LOCKWOOD, JENNIFER<br>13517 65 ST N<br>LARGO, FL 33771 | 11.3<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  | 11.4<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  | 11.5<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  |
| 11.1<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PTD<br>LOCKWOOD, AARON<br>13517 65 ST N<br>LARGO, FL 33771    |                                                                                                                                                                                                                                                                                     |                                                  |                                                            |                                                  |                                                               |                                                  |  |                                                  |  |                                                  |  |
| 11.2<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VSD<br>LOCKWOOD, JENNIFER<br>13517 65 ST N<br>LARGO, FL 33771 |                                                                                                                                                                                                                                                                                     |                                                  |                                                            |                                                  |                                                               |                                                  |  |                                                  |  |                                                  |  |
| 11.3<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               |                                                                                                                                                                                                                                                                                     |                                                  |                                                            |                                                  |                                                               |                                                  |  |                                                  |  |                                                  |  |
| 11.4<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               |                                                                                                                                                                                                                                                                                     |                                                  |                                                            |                                                  |                                                               |                                                  |  |                                                  |  |                                                  |  |
| 11.5<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               |                                                                                                                                                                                                                                                                                     |                                                  |                                                            |                                                  |                                                               |                                                  |  |                                                  |  |                                                  |  |
| 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. Any other block empowered. |                                                               |                                                                                                                                                                                                                                                                                     |                                                  |                                                            |                                                  |                                                               |                                                  |  |                                                  |  |                                                  |  |
| SIGNATURE  PTD<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                               | 4/8/05 727-536-6033<br>DATE DAYTIME PHONE #                                                                                                                                                                                                                                         |                                                  |                                                            |                                                  |                                                               |                                                  |  |                                                  |  |                                                  |  |

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