


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000046880  
 1. Entity Name  
 AARON LOCKWOOD PHOTOGRAPHY, INC.



Principal Place of Business      Mailing Address  
 13517 65 ST N                      13517 65 ST N  
 LARGO, FL 33771                      LARGO, FL 33771

**DO NOT WRITE IN THIS SPACE**



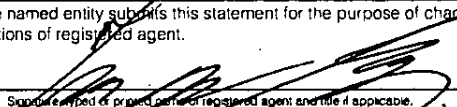
01022008    No Chg-P    CR2E034 (11/05)

4. FEI Number 55-0828692	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GAYLOR, THOMAS U  
 2849 PADDOCK DR  
 PALM HARBOR, FL 34684

**DO NOT WRITE IN THIS SPACE**

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 1/14/08

Signature required of principal or registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

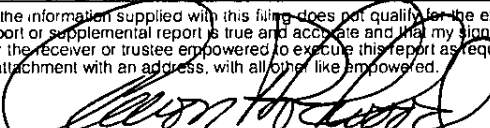
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LOCKWOOD, AARON 13517 65 ST N LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LOCKWOOD, JENNIFER 13517 65 ST N LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/23/08-80090-003 150.00

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 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:  PRES.      Date 1/16/08      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR