

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2005 8:00 am
Secretary of State

03-31-2005 90039 003 ***150.00

DOCUMENT # P04000153141	
1. Entity Name HEATHER FUNK PHOTOGRAPHY, INC.	

Principal Place of Business 2905 SHERIDON AVE 1 MIAMI BEACH FL 33140	Mailing Address 2905 SHERIDON AVE 1 MIAMI BEACH FL 33140
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2. Principal Place of Business 2905 Sheridan Ave.	3. Mailing Address 2905 Sheridan Ave.
Suite, Apt. #, etc. #1	Suite, Apt. #, etc. #1
City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33140	Country USA

1st MOORE CR2E034 (10/04)

4. FEI Number 20-1812373	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FUNK, HEATHER V 2905 SHERIDON AVE 1 MIAMI BEACH FL 33140	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FUNK, HEATHER V 2905 SHERIDON AVE 1 MIAMI BEACH FL 33140 ☐ 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
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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 _____	3/28/05 305 788 7623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone