

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90023 043 ***150.00

DOCUMENT # P05000119363 1. Entity Name ADDISON FOTOGGRAPHIC SERVICES, INC.																																			
Principal Place of Business 904 ANASTASIA BOULEVARD ST. AUGUSTINE, FL 32080		Mailing Address 904 ANASTASIA BOULEVARD ST. AUGUSTINE, FL 32080																																	
2. Principal Place of Business 2085 AIA SOUTH Suite, Apt. #, etc. 206		3. Mailing Address 2085 AIA SOUTH Suite, Apt. #, etc. 206																																	
City & State ST. AUGUSTINE, FL		City & State ST. AUGUSTINE, FL																																	
Zip 32080		Country ST. JOHNS																																	
4. FEI Number 20-3384690		Applied For ☐ Not Applicable																																	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent MCLEOD, ROBERT L 1200 PLANTATION ISLAND DRIVE SOUTH SUITE 140 ST. AUGUSTINE, FL 32080		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 reinstating) DATE: _____																																			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:70%;">ADDISON, THOMAS F</td> <td style="width:10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td>904 ANASTASIA BOULEVARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>ST. AUGUSTINE, FL 32080</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	P	ADDISON, THOMAS F	☐ Delete	NAME		904 ANASTASIA BOULEVARD		STREET ADDRESS		ST. AUGUSTINE, FL 32080		CITY-ST-ZIP				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;"></td> <td style="width:70%;"></td> <td style="width:10%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE			☐ Change ☐ Addition	NAME				STREET ADDRESS				CITY-ST-ZIP			
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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: <u>K ADDISON</u> 7-11-06 904-8142711 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																			