

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000008033

FILED  
Mar 06, 2012  
Secretary of State

Entity Name: MARTINOT PHOTO STUDIO, INC.

**Current Principal Place of Business:**

1709 BRADFORD RD  
EDGEWATER, FL 32132 US

**New Principal Place of Business:**

519 NATURE CREEK LN  
NEW SMYRNA BEACH, FL 32168 US

**Current Mailing Address:**

PO BOX 158  
NEW SMYRNA, FL 32170 US

**New Mailing Address:**

519 NATURE CREEK LN  
NEW SMYRNA, FL 32168 US

FEI Number: 59-3223174

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUNT, CHARLES R CPA,PA  
1001 S RIDGEWOOD AVE SUITE A  
EDGEWATER, FL 32132 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MARTINOT, RAYMOND  
Address: 519 NATURE CREEK LN  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP  
Name: MARTINOT, ANNE  
Address: 519 NATURE CREEK LN  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANNE MARTINOT

VP

03/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date