

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000047118

**Entity Name:** BLACK EYED SUSAN PHOTOGRAPHY, INC.

**Current Principal Place of Business:**

12316 CLAY BIRD DRIVE  
ODESSA, FL 33556

**Current Mailing Address:**

PO BOX 340555  
TAMPA, FL 33556 US

**FEI Number:** 27-0294994

**Certificate of Status Desired:** No

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

BLACK, SUSAN  
12316 CLAY BIRD DRIVE  
ODESSA, FL 33556 US

*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

**Officer/Director Detail :**

Title	P, S	Title	T, D
Name	BLACK, SUSAN	Name	BLACK, SUSAN
Address	PO BOX 340555	Address	PO BOX 340555
City-State-Zip:	TAMPA FL 33556	City-State-Zip:	TAMPA FL 33556

*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:** SUSAN BLACK

**OWNER**

**04/03/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date