

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000076440

**Entity Name:** REEF PHOTO AND VIDEO, INC.**Current Principal Place of Business:**2303 NORTH ANDREWS AVE  
WILTON MANORS, FL 33311**Current Mailing Address:**1325 4TH AVE  
1700  
SEATTLE, WA 98101 US**FEI Number:** 37-1499076**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FISHER, TOUSEY, LEAS & BALL, P.A.  
501 RIVERSIDE AVENUE  
SUITE 600  
JACKSONVILLE, FL 32202 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	PC
Name	CANON, RYAN
Address	2303 NORTH ANDREWS AVE
City-State-Zip:	WILTON MANORS FL 33311

Title	VPD
Name	PERRY, RICHARD
Address	2303 NORTH ANDREWS AVE
City-State-Zip:	WILTON MANORS FL 33311

Title	VPFD
Name	ZAVON, BRUCE
Address	2303 NORTH ANDREWS AVE
City-State-Zip:	WILTON MANORS FL 33311

Title	D
Name	HAUPT, DAVID
Address	2303 NORTH ANDREWS AVE
City-State-Zip:	WILTON MANORS FL 33311

*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:** BRUCE PAUL ZAVON**DIRECTOR****01/12/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date