

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90012 050 ***150.00

DOCUMENT # 184187

1. Entity Name

PICTORIAL PROPERTIES INC



Principal Place of Business

718 NE 2ND AVE
FT LAUDERDALE FL 33304

Mailing Address

718 NE 2ND AVE
FT LAUDERDALE FL 33304



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0748934**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

-MOXON, SALLY J.
718 NE 2ND AVE
FT LAUDERDALE FL 33304

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution: ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PD MOXON, SALLY J. 718 NE 2ND AVE FT LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VD TUCKER, HOPE 718 NE 2ND AVE FT LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	SDT HARRIS, DOROTHY M. 718 NE 2ND AVE FT LAUDERDALE FL 33304	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SDT MOXON, SALLY J. 718 N.E. 2nd AVE. FT. LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Sally J. Moxon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALLY J. MOXON 2/18/07 954/961-6756
Date Daytime Phone #