


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 244069 1. Entity Name SOUTHERN PHOTO-TECHNICAL SERVICE INC	
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Principal Place of Business 1750 NINETH AVE. NO. ST. PETERSBURG, FL 33713	Mailing Address 1750 NINETH AVE. NO. ST. PETERSBURG, FL 33713
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DO NOT WRITE IN THIS SPACE

02182004 No Chg-P CR2E034 (10/03)

4. FET Number 59-0914123	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FEAGANS, MICHAEL S 5912 3RD ST. SOUTH SAINT PETERSBURG, FL 33705
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**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000132638 04/27/04-80055-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	VD VAN LANGEN, MICHAEL R 10218 INDIAN PRINCESS DR W JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	VSD FEAGANS, MICHAEL S 5912 3RD ST SOUTH ST PETERSBURG, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michael S Feagans **MICHAEL S FEAGANS** 04/23/2004 727-896-6141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #