


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90027 050 ***150.00

DOCUMENT # 244069 1. Entity Name SOUTHERN PHOTO-TECHNICAL SERVICE INC																									
Principal Place of Business Address 1750 NINETH AVE. NO. 2140 9TH AVE. N. ST. PETERSBURG, FL 33713																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Country																							
4. FEI 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		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title</small>		(NOTE: Registered Agent signature required when reinstating) DATE: _____																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>VD VAN LANGEN, MICHEAL R 10218 INDIAN PRINCESS DR W JACKSONVILLE, FL</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>VSD FEAGANS, MICHAEL S 5912 3RD ST SOUTH ST PETERSBURG, FL</td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN LANGEN, MICHEAL 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> <input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td><input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td><input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td><input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td><input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this report is 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: <u>Michael S Feagans</u> <small>SIGNATURE AND TYPED OR PRINTED</small>		<u>MICHAEL S. FEAGANS</u> 4/9/7 727-327-2300 <small>NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																							