

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # 395422

1. Entity Name
REK CUT PHOTOGRAPHIC, INC.



Principal Place of Business
**147 SAN MARCO AVE
P O BOX 1928
ST. AUGUSTINE, FL 32085-8928**

Mailing Address
**147 SAN MARCO AVE
P O BOX 1928
ST. AUGUSTINE, FL 32085-8928**



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1406239

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TUCKER, LEONARD R.
147 SAN MARCO AVE
ST. AUGUSTINE, FL 32084**

**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 _____
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME TUCKER, LEONARD R.
STREET ADDRESS 147 SAN MARCO AVE
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE DP
NAME TUCKER, LEONARD R. JR.
STREET ADDRESS 147 SAN MARCO AVE
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE D
NAME TUCKER, RUTH S.
STREET ADDRESS 147 SAN MARCO AVE
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE ST
NAME TUCKER, JEAN B.
STREET ADDRESS 147 SAN MARCO AVE
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE V
NAME BLACK, LINDA T.
STREET ADDRESS 147 SAN MARCO AVE
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Leonard R. Tucker Jr. 4/25/06 904-829-6501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #