

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Jun 16, 2008 8:00 am
Secretary of State

05-23-2008 90019 019 ***150.00

DOCUMENT # 449326	
1. Entity Name CREATIVE PHOTOGRAPHIC SERVICE, INC.	

Principal Place of Business 1647 ART MUSEUM DR. JACKSONVILLE FL 32207	Mailing Address 1647 ART MUSEUM DR. JACKSONVILLE FL 32207
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/07)

4. FEI Number 59-1515958	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LEPRELL, SAMUEL L 1301 GULF LIFE DRIVE SUITE 1500 JACKSONVILLE FL 32207	
7. Name and Address of New Registered Agent Name: Change of Address Only NOT NEW AGENT Street Address (P.O. Box Number is Not Acceptable): 1930 SAN MARCO BLVD STE 201 ST. MARK'S PLACE City: Jacksonville FL Zip Code: 32207	

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.

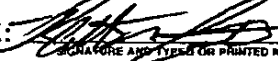
SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when necessary.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State.

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMATO, ROBERT L. 4620 ILAH ROAD N JACKSONVILLE FL 32257 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P1617/P 4751 BRIARWOOD RD. ← Address Jacksonville, FL 32257 Change Only ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  ROBERT L. AMATO 4/29/08 904-399-1934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR