


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 510338 1. Entity Name GANDY PHOTOGRAPHY, INC.	
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Principal Place of Business 204 W WOOD ST TAMPA, FL 33604 US	Mailing Address 204 W WOOD ST TAMPA, FL 33604 US
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01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1685529	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GANDY, GEORGE S 204 W. WOOD ST. TAMPA, FL 33604

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECT	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD GANDY, GEORGE S 204 W. WOOD ST TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D PLYLER, J PHILIP FIRST FINANCIAL TOWER TAMPA, FL
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01/24/05-80181-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *George S Gandy* Jan 21 05 8132530340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #