

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 517198

FILED
Mar 31, 2009
Secretary of State

Entity Name: CAMEO PHOTO SUPPLY, INC.

Current Principal Place of Business:

1326 S. PINE AVE
OCALA, FL 344716542 US

New Principal Place of Business:

Current Mailing Address:

1326 S. PINE AVE
OCALA, FL 344716542 US

New Mailing Address:

FEI Number: 59-1701490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HITT, THOMAS P VP
4407 NE 10TH STREET
OCALA, FL 34474 US

Name and Address of New Registered Agent:

HITT, THOMAS P
4407 NE 10TH STREET
OCALA, FL 34470 US

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.

SIGNATURE: THOMAS P. HITT

03/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: MURVIN, THOMAS P
Address: 2230 SE 6TH TERRACE
City-St-Zip: OCALA, FL 34471 US

Title: VSD (X) Delete
Name: HITT, THOMAS P
Address: 4407 NE 10TH ST
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HITT, THOMAS P
Address: 4407 NE 10TH STREET
City-St-Zip: OCALA, FL 34470 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS P. HITT

PD

03/31/2009

Electronic Signature of Signing Officer or Director

Date