

## ANNUAL REPORT

DOCUMENT # 592227

1. Entity Name  
STUART PHOTO, INC.



Principal Place of Business  
2414 SE FEDERAL HWY  
STUART, FL 34994

Mailing Address  
2414 SE FEDERAL HWY  
STUART, FL 34994

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**



02052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1862753

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KAHLE, DENNIS  
2414 SE FEDERAL HWY  
STUART, FL 34994

**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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000090815  
03/17/04-80034-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
KAHLE, DENNIS  
4655 N.W. FENNEL ST.  
STUART, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
STD  
KAHLE, PAMELA  
4655 N.W. FENNEL ST.  
STUART, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
JARED, KAHLE  
4665 NW FENNEL ST  
STUART, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04 772-283-6752  
Date Daytime Phone #