

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001160

Entity Name: SUNBELT PHOTO SERVICES, INC.

FILED  
Apr 30, 2005  
Secretary of State

## Current Principal Place of Business:

12540 MISTY HOLLOW DR N  
JACKSONVILLE, FL 32225

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 351675  
JACKSONVILLE, FL 32235

## New Mailing Address:

12540 MISTY HOLLOW DRIVE  
JACKSONVILLE, FL 32225

FEI Number: 58-1843941

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HEAD, KOKO  
9309 OLD RD .S. SUITE 4  
JACKSONVILLE, FL 32257 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ENLOE, JOHN M  
Address: 897 U.S. FLWY 98  
City-St-Zip: EASTPOINT, FL 32328

Title: VPD ( ) Delete  
Name: ENLOE, EMERSON R  
Address: P.O. BOX 239  
City-St-Zip: CEDAR MOUNTAIN, NC 28718

Title: STD ( ) Delete  
Name: SCOTT, PATRICIA K  
Address: 12540 MISTY HOLLOW DR. N.  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA K SCOTT

STD

04/30/2005

Electronic Signature of Signing Officer or Director

Date