

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90471 023 \*\*\*158.75

**DOCUMENT # F03000001917**

1. Entity Name

FOTO-FONE, INC.



Principal Place of Business

2711 CENTERVILLE ROAD  
WILMINGTON DE 19808

Mailing Address

791 WYE ROAD  
AKRON OH 44333

54053778



MOORE CR2E034 (11/03)

2. Principal Place of Business

50 Stiles Road

3. Mailing Address

50 Stiles Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Salem NH

City & State

Salem NH

Zip

03079

Country

USA

Zip

03079

Country

USA

4. FEI Number

03-0400263

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

TITLE PD ☐ Delete  
NAME MYERSON, ANDREW S  
STREET ADDRESS 791 WYE ROAD  
CITY-ST-ZIP AKRON OH 44333

TITLE VSD ☐ Delete  
NAME MYERSON, ADAM H  
STREET ADDRESS 791 WYE ROAD  
CITY-ST-ZIP AKRON OH 44333

TITLE TCD ☒ Delete  
NAME GABRIEL, GERALD J  
STREET ADDRESS 791 WYE ROAD  
CITY-ST-ZIP AKRON OH 44333

TITLE D ☐ Delete  
NAME GRIMES, MICHAEL  
STREET ADDRESS 791 WYE ROAD  
CITY-ST-ZIP AKRON OH 44333

TITLE ASAT ☐ Delete  
NAME FRENCH, KRISTEN  
STREET ADDRESS 791 WYE ROAD  
CITY-ST-ZIP AKRON OH 44333

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Kristen French Assistant Secretary* 5/1/04 6038709400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #