

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000000557

1. Entity Name
PHOTO-TECH INVESTMENTS, INC.



Principal Place of Business
1661 BAL HARBOUR
VENICE, FL 34293

Mailing Address
1661 BAL HARBOUR
VENICE, FL 34293

FILED

Apr 23, 2008 08:00 AM
Secretary of State

Mail
4-2008



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0603595	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BARRATT, TIMOTHY D
1661 BAL HARBOUR
VENICE, FL 34293

**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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BARRATT, TIMOTHY D 1661 BAL HARBOUR VENICE, FL 34293
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP BARRATT, DOVE A 1661 BAL HARBOUR VENICE, FL 34293
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARRATT, DOVE A 1661 BAL HARBOUR VENICE, FL 34293
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000816914
05/13/08-80019-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

Tim Barratt
Tim Barratt

1-18-08

941/446 8828