



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F28645						
<small>1. Entity Name</small> ASA PHOTO/GRAPHICS CORPORATION						
<small>Principal Place of Business</small> 700 ARMENIA DR STE A PENSACOLA, FL 32505	<small>Mailing Address</small> PO BOX 829 PENSACOLA, FL 32591	 04262004 No Chg-P CR2E034 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;"><small>4. FEI Number</small> 59-2075407</td><td style="width: 40%; padding: 2px;"><small>Applied For</small> <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;"><small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	<small>4. FEI Number</small> 59-2075407	<small>Applied For</small> <input type="checkbox"/> Not Applicable	<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required	
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<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
<small>6. Name and Address of Current Registered Agent</small> AUDLEMAN, ALFRED L 106 E GREGORY ST PENSACOLA, FL 32501						
DO NOT WRITE IN THIS SPACE						
<small>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.</small>						
<small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	<small>9. Election Campaign Financing Trust Fund Contribution</small> <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000138247 04/29/04-80071-021 150.00				
10. OFFICERS AND DIRECTORS						
<small>TITLE</small>	DP					
<small>NAME</small>	AUDLEMAN, ALFRED L					
<small>STREET ADDRESS</small>	7204 TWN LAKES LANE					
<small>CITY-ST-ZIP</small>	PENSACOLA, FL 00000,					
<small>TITLE</small>	DST					
<small>NAME</small>	AUDLEMAN, WILDA S.					
<small>STREET ADDRESS</small>	7204 TWIN LAKES LANE					
<small>CITY-ST-ZIP</small>	PENSACOLA, FL 00000,					
<small>TITLE</small>						
<small>NAME</small>						
<small>STREET ADDRESS</small>						
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<small>CITY-ST-ZIP</small>						
DO NOT WRITE IN THIS SPACE						
<small>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.</small>						
SIGNATURE: <i>A. L. Audleman</i> <i>04/29/04</i> <i>850-</i>						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>						