

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F52198

FILED  
Jan 17, 2005  
Secretary of State

Entity Name: 60 MINUTES PHOTO DEVELOPING CENTER EAST, INC.

**Current Principal Place of Business:**

2621 N FEDERAL HWY  
BAY 49  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2621 N FEDERAL HWY  
BAY 49  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 59-2141412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUTCHINGS, JAMES R  
2621 N FEDERAL HWY  
BOCA RATON, FL 33431 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: DP ( ) Delete  
Name: HUTCHINGS, JAMES R,  
Address: 509 BAY DRIVE  
City-St-Zip: VERO BEACH, FL 00000,

Title: DVP ( ) Delete  
Name: HUTCHINGS, JAMES R J, R  
Address: 19 CEDAR CIRCLE  
City-St-Zip: BOYNTON BEACH, FL

Title: DS ( ) Delete  
Name: HUTCHINGS, HELEN S,  
Address: 509 BAY DRIVE  
City-St-Zip: VERO BEACH, FL 00000,

Title: DVP ( ) Delete  
Name: HUTCHINGS, HAROLD S,  
Address: 8250 NEEDLES DR.  
City-St-Zip: PALM BCH GARDENS, FL

**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:

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: HAROLD S. HUTCHINGS

DVP

01/17/2005

Electronic Signature of Signing Officer or Director

Date