2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 28, 2004 08:00 AM DOCUMENT # H63535 **Secretary of State** 1. Entity Name ORBEN'S CAMERA CENTER, INC. Principal Place of Business Mailing Address 1718 HENDRICKS AVENUE JACKSONVILLE FL 32207 1718 HENDRICKS AVENUE JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2594836 Not Applicable Zιο Country Žιο Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEBLANC, PAUL J. Street Address (P.O. Box Number is Not Acceptable) 550 REMINGTON FOREST DR JACKSONVILLE FL 32259 City 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 at registered again and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD THEE ☐ Delete BILE ☐ Change ☐ Addition NAME LEBLANC, PAUL J. NAME U00000017398 STREET ADDRESS 550 REMINGTON FOREST DR STREET ADDRESS 01/28/04-80094-007 158.75 JACKSONVILLE FL CITY-ST-7IP CITY -ST-ZIP VΡ T{7}} £ Change Addition ☐ Delete DESI F HUNTER, HERMAN E. NAME NAME STREET ADDRESS 1718 HENDRICKS AVE. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CRY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY - ST - ZIP CHTY-ST-ZIP TIRLE Delete TITLE Change ☐ Addition NAME MARRE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7IP TITLE Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TIRLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-53-78P 12. Thereby certify that the information supplied with this filling 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

E. HUNTER V.P. 1-22-04 904-398-9789

as, with all other like empowered.

changed, or on an attachment with an address

SIGNATURE: