



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90197 016 ***150.00

DOCUMENT # H95318 1. Entity Name D & L PHOTOGRAPHY, INC.					
Principal Place of Business 2301 - DR. M.L. KING ST. N. ST. PETERSBURG, FL 33704			Mailing Address 2301 - DR. M.L. KING ST. N. ST. PETERSBURG, FL 33704		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2778913	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEORGES, RICHARD M 3656 1ST AVENUE N. ST. PETERSBURG, FL 33713				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MUNAFO, DON C 2301 - DR. M.L. KING ST. N. ST. PETERSBURG, FL 33704 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2151 - 5th Ave No St. Pete, FL 33713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUNAFO, MELISSA T 2301 - DR. M.L. KING ST. N. ST. PETERSBURG, FL 33704 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2151 - 5th Ave. No St. Pete, FL 33713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Don C. Munafa Don C. MUNAFO			Date: 4-24-06 Daytime Phone: (727) 321-9111		

ATTACHMENT

40063461

To Whom It May Concern,

H95318

In January when we received your post card for renewal we went on line to download the form. Needless to say we were not successful in doing this. I pulled off the bottom part of the card and mailed it back to you requesting a form. We went about our business and the form never came. Again we began trying to do the internet thing and simply were never successful

Awe got down to the last week hear and finially I went to local library and after a twenty minute effort we were successful in getting the form.

I hope with all we went through to do something we have done for over 20 years that you are not going to try and charge we a late fee.

Thank you for your cooperation in this matter

Don C. Munafo