

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # K15334	
1. Entity Name P.W.M. PHOTOGRAPHY, INC.	

Principal Place of Business 106 SANDBOURNE LANE PALM BEACH GARDENS, FL 33418 US	Mailing Address 106 SANDBOURNE LANE PALM BEACH GARDENS, FL 33418
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DO NOT WRITE IN THIS SPACE



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0044580	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALEXANDER, BRUCE G.
515 N. FLAGLER DR
1900 NORTHBRIDGE TOWER I
W. PALM BEACH, FL 33402**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PD MORPURGO, PETER W. 106 SANDBOURNE LANE WEST PALM BEACH, FL 33418
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORPURGO, CHARLOTTE A. 106 SANDBOURNE LANE WEST PALM BEACH, FL 33418
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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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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 appropriate powers of attorney.

SIGNATURE: MORPURGO PETER 04-05-06 561-694-1369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CK 1074