

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 19, 2005 08:00 AM
Secretary of State**

DOCUMENT # K37908

1. Entity Name
FOTO JUNCTION, INC.



Principal Place of Business
**% D. DONALD SMITH
1301 99TH ST.
BAY HARBOR ISLANDS, FL 33154**

Mailing Address
**% D. DONALD SMITH
1301 99TH ST.
BAY HARBOR ISLANDS, FL 33154**



05162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, D. DONALD
1301 99TH ST.
BAY HARBOR ISLAND, FL 33154**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SMITH, D. DONALD
1301 99TH ST.
BAY HARBOR ISLAND, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HECHT, LAWRENCE S.
1301 99TH ST.
BAY HARBOR ISLAND, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SMITH, NAOMI R
1301 99TH ST.
BAY HARBOR ISLAND, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/19/05-80001-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

D. Donald Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-05

Date

305-865-5406

Daytime Phone #

*THIS IS A DORMANT CORP. I HAVE BEEN OUT OF THE CITY THE MO OF APRIL. THE
ANNUAL REPORT MUST HAVE BEEN EITHER LOST OR NOT RECEIVED. UPON RETURN*