

*** 2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # K73407

1. Entity Name
DESKTOP DARKROOM, INC.



Principal Place of Business

**1944 ATLANTIC BLVD
STE 300
JACKSONVILLE, FL 32207 US**

Mailing Address

**1944 ATLANTIC BLVD
300
JACKSONVILLE, FL 32207 US**



04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2943573** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LUTER, JOSEPH H.
1944 ATLANTIC BLVD
SUITE 300
JACKSONVILLE, FL 32207**

**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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LUTER, JOSEPH H JR
STREET ADDRESS 9429 WEXFORD R.
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE VD
NAME LUTER, MARY ELLEN
STREET ADDRESS 9429 WEXFORD R.
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE V
NAME LUTER, MICHAEL
STREET ADDRESS 1348 FRUIT COVE RD, N
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE V
NAME LUTER, GREGORY H
STREET ADDRESS 4646 RIDGE WALK LANE
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000746316
05/16/07-80065-016 150.00

**DO NOT WRITE
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 an address, with all other like empowered.

SIGNATURE:

Mary Ellen Luter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07

Date

904-398-9934

Daytime Phone #