

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90180 016 ***158.75

DOCUMENT # L02345 1. Entity Name LIGHTWAVE PHOTOGRAPHY INC.					
Principal Place of Business 2773 SE 45TH AVE BUSHNELL, FL 33513			Mailing Address 2773 SE 45TH AVE BUSHNELL, FL 33513		
2. Principal Place of Business 2773 CR546A		3. Mailing Address 2773 CR546A			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Same as above		City & State Same as above		4. FEI Number 65-0133475	
Zip 11		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUZIER, MARESA 2773 SE 45TH AVENUE BUSHNELL, FL 33513			7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 2773 CR546A City Bushnell FL Zip Code 33513		
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: <u>Maresa Luzier</u> <u>Maresa Luzier, Treas.</u> <u>4/26/05</u> <small>Signature, typed or printed name of registered agent or title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	T LUZIER, MARESA 2773 SE 45TH AVENUE BUSHNELL, FL 33513	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2773 CR546A	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LUZIER, CHARLES W. 2773 SE 45TH AVE BUSHNELL, FL 33513	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2773 CR546A	
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	
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 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: <u>Maresa Luzier</u> <u>Maresa Luzier, Treas.</u> <u>4/26/05</u> <u>352-793-6000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		