


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L69777</b>	
1. Entity Name <b>CAPTURED MOMENTS PHOTOGRAPHY OF PENSACOLA, INC.</b>	

Principal Place of Business <b>2188 E. OLIVE ROAD 2188 E OLIVE RD PENSACOLA, FL 32514 US</b>	Mailing Address <b>2188 E. OLIVE ROAD 2188 E OLIVE RD PENSACOLA, FL 32514 US</b>
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01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number <b>59-3017523</b>	Assessed For Not Assessed
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**CLAYTON, T.J.  
2188 E OLIVE RD  
PENSACOLA, FL 32514**

**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 \_\_\_\_\_

**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	D CLAYTON, T J 2188 E OLIVE RD PENSACOLA, FL
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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 a other fee empowered.

**SIGNATURE:** T.J. Clayton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-06  
DATE

DEPUTY SECRETARY