

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M75919

FILED
Jan 14, 2009
Secretary of State

Entity Name: UNIVERSITY PHOTOGRAPHY, INC.

Current Principal Place of Business:

% JAMES H. PARKER
P.O. BOX 14018
GAINESVILLE, FL 32604

New Principal Place of Business:

% JAMES H. PARKER
5030 WATERMELON ROAD
NORTHPORT, AL 35473

Current Mailing Address:

P.O. BOX 2454
TUSCALOOSA, AL 35403

New Mailing Address:

FEI Number: 59-2594422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKER, JAMES H
619 S. MAIN ST.
SUITE #G
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LIMMROTH, GARY W
Address: 2819 6TH ST
City-St-Zip: TUSCALOOSA, AL

Title: D () Delete
Name: PARKER, JAMES H
Address: 5030 WATERMELON RD
City-St-Zip: NORTHPORT, AL 35473

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE PARKER

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date