2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
07-08-2004 90099 009 ****70.00

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1. Entity Name
ATLANTIC PROFESSIONAL PHOTOGRAPHERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
335 S PLUMOSA ST STE H MERRITT ISLAND, FL 32952 US	335 S PLUMOSA ST STE H MERRITT ISLAND, FL 32952 US

06212004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
201 S. CHRISTMAS HILL RD	201 S. CHRISTMAS HILL RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TITUSVILLE, FL	City & State: TITUSVILLE, FL
Zip: 32796 Country: U.S.A.	Zip: 32796 Country: USA

4. FEI Number 59-2961711 ☐ Applied For ☐ Not Applicable

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

8. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAMES, DEBORAH 335 S PLUMOSA ST STE H MERRITT ISLAND, FL 32-9526	Name: RICHARD J. GORMAN Street Address (P.O. Box Number is Not Acceptable): 201 S. CHRISTMAS HILL RD City: TITUSVILLE FL Zip Code: 32796

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 _____ 6/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HILLGER, MIKE 4815 SMITHFIELD RD MELBOURNE, FL 32934	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SUE CROUCH 585 JACKSON AVE SATELLITE BEACH, FL 32937	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RHODEN, STAN 1894 SARUO RD MELBOURNE, FL 32934	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DEBBIE (DEBORAH) JAMES 335 S. PULMOSA ST MERRITT ISLAND FL 32952	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICHOLS, NICK 593 COMAUCHE AVE MELBOURNE, FL 32935	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MIKE HILLGER 4815 SMITHFIELD RD MELBOURNE, FL 32934	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JAMES, DEBORAH 335 S PLUMOSA ST STE H MERRITT ISLAND, FL 32952	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RICHARD J. GORMAN 201 S. CHRISTMAS HILL RD TITUSVILLE, FL 32796	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROUGH, SUE 585 JACKSON AVE SATELLITE BEACH, FL 32937	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICK NICHOLS 593 COMMANCHE AVE MELBOURNE, FL 32935	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 617, 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: _____ 6/30/04 321 698-5041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #