

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90029 012 ****61.25

DOCUMENT # N27965

1. Entity Name

PHOTORAMA INTERNATIONAL MUSEUM, INC.



Principal Place of Business

C/O RICHARD A. HARMON
14330 SOUTH TAMIAMI TRAIL
FORT MYERS FL 33912

Mailing Address

C/O RICHARD A. HARMON
14330 SOUTH TAMIAMI TRAIL
FORT MYERS FL 33912

04081100



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARMON, RICHARD A.
14330 SOUTH TAMIAMI TRAIL
FORT MYERS FL 33912

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$61.25
Due By May 1, 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	HARMON, RICHARD A.	
STREET ADDRESS	14330 S. TAMIAMI TRAIL	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HARMON, JUDITH L.	
STREET ADDRESS	14330 S. TAMIAMI TRAIL	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HARMON, JAMES	
STREET ADDRESS	1259 MORNINGSIDE DR.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOBLE, WARREN	
STREET ADDRESS	400 LINCOLN ST.	
CITY-ST-ZIP	HINGHAM MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRUSSEY, KAREN L.	
STREET ADDRESS	8724 LA CHATEAU DR.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Richard A. Harmon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-492-2220