

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90053 024 \*\*\*\*61.25

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>DOCUMENT # N94000000547</b>  |   |   |   |  |  |
| <b>1. Entity Name</b><br>PROFESSIONAL PHOTOGRAPHERS OF SOUTHWEST FLORIDA, INC.  |   |   |   |  |  |
| <b>Principal Place of Business</b><br>2 AVENIDA CARITA<br>FT. MYERS BEACH, FL 33931   |   |   | <b>Mailing Address</b><br>2 AVENIDA CARITA<br>FT. MYERS BEACH, FL 33931   |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>22638 Westbridge CT  |   | <b>3. Mailing Address</b><br>22638 Westbridge CT  |   |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   | 04092008    Chg-NP    CR2E037 (12/06)  |  |
| <b>City &amp; State</b><br>Estero, FL   |   | <b>City &amp; State</b><br>Estero, FL   |   | <b>4. FEI Number</b><br>65-0457199   |  |
| <b>Zip</b><br>33928   |   | <b>Country</b><br>USA   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>JODICE, JEFF<br>4020 SW 2ND PLACE<br>CAPE CORAL, FL 33914   |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |
| <b>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.</b>  |   |   |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____  |   |   |   |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>   |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | DS<br>CASTELLI, LORI<br>15320 MOONRAKER CT #205<br>NORTH FORT MYERS, FL 33917 | <input type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | DVP<br>CASTELLI, LORI<br>15320 MOONRAKER CT #205<br>NORTH FORT MYERS, FL 33917                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | DT<br>ANDERSON, ROBERTA<br>802 SE 34TH STREET<br>CAPE CORAL, FL 33904         | <input type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | DS<br>ANDERSON, ROBERTA<br>802 SE 34TH ST<br>CAPE CORAL, FL 33904                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | DP<br>ANDERSON, HENRY<br>3790 FT KEIS<br>LABELLE, FL 33935                    | <input checked="" type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | J. BUCHANAN, JAY<br>14131 BARKWOOD ST<br>FORT MYERS, FL 33905  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | DVP<br>NOCERA, CATHY<br>419 SANTA BARBARA BLVD<br>CAPE CORAL, FL 33991        | <input type="checkbox"/> Delete   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | DEMEO, Joseph J<br>22638 Westbridge CT<br>Estero, FL 33928   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | DVP<br>JODICE, JEFF<br>4020 SW 2ND PLACE<br>CAPE CORAL, FL 33914              | <input checked="" type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | DEMEO, Joseph J<br>22638 Westbridge CT<br>Estero, FL 33928   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | D<br>TIMMONS, SARA<br>850 12TH AVE N<br>NAPLES, FL 34120                      | <input checked="" type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | DEMEO, Joseph J<br>22638 Westbridge CT<br>Estero, FL 33928   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>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 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.</b> |   |   |   |  |  |
| <b>SIGNATURE:</b> <i>Joseph J. Demeo</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |   | 4/9/08    239- <del>1682</del> 289-1682<br>Date    Daytime Phone #  |  |  |