


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000009796</b> 1. Entity Name PORTRAITS OF MEMORIES, INC.	
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Principal Place of Business 7810 SYCAMORE DRIVE NEW PORT RICHEY, FL 34654	Mailing Address 7810 SYCAMORE DRIVE NEW PORT RICHEY, FL 34654
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07032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3635385	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  FASCHAN, ARTHUR 7810 SYCAMORE DRIVE NEW PORT RICHEY, FL 34654
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**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 Arthur A. Faschan DATE 7-5-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT FASCHAN, ARTHUR 7810 SYCAMORE DR NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS FASCHAN, GAIL 7810 SYCAMORE DR NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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1100000164700  
07/08/04-80019-018 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

SIGNATURE: Arthur A. Faschan Date 7-5-04 Daytime Phone # 727-846-0196  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR