

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 20, 2004 08:00 AM  
Secretary of State

DOCUMENT # P00000023331

1. Entity Name

PALM BEACH PHOTOMONTAGE, INC.



Principal Place of Business

8885 SE BAHAMA CIR  
HOBE SOUND FL 33455

Mailing Address

8885 SE BAHAMA CIR  
HOBE SOUND FL 33455

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number 65-1018897

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARKER, GALEN T  
8885 SE BAHAMA CIR  
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

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 \$150.00

After May 1, 2004, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete  
NAME BARKER, GALEN T  
STREET ADDRESS 8885 SE BAHAMA CIR  
CITY - ST - ZIP HOBE SOUND FL 33455

TITLE VS ☐ Delete  
NAME BARKER, MARION  
STREET ADDRESS 8885 SE BAHAMA CIR  
CITY - ST - ZIP HOBE SOUND FL 33455

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
U000000060214  
02/23/04-80030-022 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE ☐ Change ☐ 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 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

*Galen Barker*  
GALEN BARKER  
2-17-04

Date

Daytime Phone #

PRESIDENT  
561-622  
4949