

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000024174

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** DAVID CARLSON PHOTOGRAPHY, INC.

**Current Principal Place of Business:**

2618 CRESTFIELD DR.  
VALRICO, FL 33594

**New Principal Place of Business:**

2618 CRESTFIELD DR.  
VALRICO, FL 33596

**Current Mailing Address:**

2618 CRESTFIELD DR.  
VALRICO, FL 33594

**New Mailing Address:**

2618 CRESTFIELD DR.  
VALRICO, FL 33596

**FEI Number:** 59-3634085

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARLSON, DAVID G  
2618 CRESTFIELD DR.  
VALRICO, FL 33594 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CARLSON, DAVID G  
Address: 2618 CRESTFIELD DR.  
City-St-Zip: VALRICO, FL 33594

Title: D  
Name: CARLSON, MARJORIE K  
Address: 2618 CRESTFIELD DR.  
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID CARLSON

D

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date