

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90428 019 ***150.00

DOCUMENT # P00000084948	
1. Entity Name CREATIVE PHOTO IMAGE OF ORLANDO, INC.	

Principal Place of Business 580 WILMER AVENUE C ORLANDO FL 32808	Mailing Address 580 WILMER AVENUE C ORLANDO FL 32808
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2. Principal Place of Business 578 Wilmer Ave.	3. Mailing Address 578 Wilmer Ave.
Suite, Apt. #, etc. C	Suite, Apt. #, etc. C

City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32808	Zip 32808
Country USA	Country USA



MOORE CR2E034 (11/03)

4. FEI Number 59-3676249	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHARLTON, ISAIAH III 4301 KIRKLAND BLVD. ORLANDO FL 32811	
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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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLTIN, ISAIAH III 4301 KIRKLAND BLVD. ORLANDO FL 32811 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Isaiah Charlton III 4-22-04 321-689-9016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #