

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90037 030 ***150.00

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1. Entity Name
CHRISTOPHER BUNN PHOTOGRAPHY, INC.



Principal Place of Business
112 POCONO TRAIL WEST
NOKOMIS, FL 34275

Mailing Address
112 POCONO TRAIL WEST
NOKOMIS, FL 34275

2. Principal Place of Business
1109 Riviera St.
Suite, Apt. #, etc.

3. Mailing Address
1109 Riviera St.
Suite, Apt. #, etc.



01272004 Chg-P CR2E034 (10/03)

City & State
Venice, FL.

City & State
Venice, FL.

4. FEI Number
65-1049322

Applied For
Not Applicable

Zip
34285

Country
USA

Zip
34285

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

T & H COMPTROLLERS, INC.
312 E. VENICE AVE., #120
VENICE, FL 34292

Name
Street
City
Zip Code

T&H Comptrollers Inc.
200 Capri Isles Blvd. Ste. 2
Venice FL 34292

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 By: Ronald P. Hogarth, RONALD P. HOGARTH, PRESIDENT 1/27/04
Signature, typed or printed name of registered agent, 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

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BUNN, CHRISTOPHER R
STREET ADDRESS 112 POCONO TRAIL WEST
CITY-ST-ZIP NOKOMIS, FL 34275

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 19.07(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: Christopher Bunn Pres. 1/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CHRISTOPHER BUNN