2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

DOCUMENT # P00000087797 1. Entity Name CHRISTOPHER BUNN PHOTOGRAPHY, INC.						05-02-2008 9	00125 006 ***158.	75
Principal Plac	e of Business	Mailing Address				· - · -		
1109 RIVIERA ST Venice, FL 34285		1109 RIVIERA ST VENICE, FL 34285						
0 District	N 50 0							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					<u> </u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04172008	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Number 65-1049	322	/	oplied For ot Applicable
Zip	Country	Zip	Country			f Status Desired	\$8.75 Add	ditional
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New I	Registered Agent	
T 0 11 0 0 1	ADTROLLEDO MIO	,		Name	-	· • •	~	
T & H COMPTROLLERS, INC. 200 CAPRI ISLES BLVD. STE.,2 VENICE, FL 34292				Street Address (P.O. Box Number is Not Acceptable)				
	2,3						•	
}				City			FL Zip Cod	le
	named entity submits this statement flions of registered agent.	for the purpose of changing its	s register	ed office or regist	ered agent, or both	, in the State of Fl	lorida. I am famillar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agen	at and title if applicable. (NO)	TE: Registere	d Agent signature requir	red when reinstating)		DATE	
	É NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa .00 Trust Fund Con			5.00 May Be dided to Fees			
10.	OFFICERS AND	DIRECTORS	11.			HANGES TO OF	FICERS AND DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	BUNN, CHRISTOPHER R 1109 RIVIERA ST VENICE, FL 34285	☐ Delete		E ADDRESS A	udry f 109 Rivi Jeniue	on ot	□ Change	Addition
TITLE		☐ Delete	TIŤLI	E .	- I si ce	1 <u> </u>	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				E EET ADDRESS - ST - ZIP				
TITLE		Delete	TITLI				☐ Change	Addition
NAME .		T Délete	NAM	_ 1				
STREET ADDRESS	•			ET ADORESS	. –			
CITY-ST-ZIP				-ST-ZIP				
TITLE NAME		☐ Delete	TITL:	l l			☐ Change	Addition
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CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE		☐ Delete	THE	l l			☐ Change	Addition
NAME STREET ADDRESS			NAM	l l				
			SIM	ET ADDRESS I				
CITY-SI-ZIP				ET ADDRESS -ST-ZIP				
l		Delete		-ST-ZIP			☐ Change	Addition
CITY-SI-ZIP TITLE NAME		☐ Delete	CITY TITL NAM	-ST-ZIP E			☐ Change	Addition
CITY-ST-ZIP		☐ Delete	CITY TITL NAM STRE	-ST-ZIP			☐ Change	☐ Addition

Thereby certify that the information applied with this fairly does not quality for the exemptions contained in Chapter 119, Horida Statutes. Forther certify that the information indicated on this report or suppliemental report is truef 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 of firstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SUSTINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

129 108 94 1401 bay Dayline Prone 4