


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91257 039 ***150.00

DOCUMENT # P01000116215	
1. Entity Name GLORY PHOTOGRAPHY BY JULIE WILLIAMS INC.	

Principal Place of Business 17675 BOAT CLUB DR FORT MYERS, FL 33908	Mailing Address 17675 BOAT CLUB DR FORT MYERS, FL 33908
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2. Principal Place of Business 18090 N OLGA DR.	3. Mailing Address 18090 N OLGA DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State ALVA, FL	City & State ALVA, FL
Zip 33920	Country USA
Zip 33920	Country USA



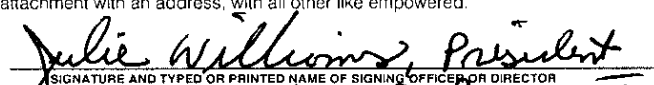
05012004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent SOUTHWEST PROFESSIONAL SERVICES OF SOUTH F 13571 MCGREGOR BLVD #22 FT MYERS, FL 33919	7. Name and Address of New Registered Agent Name HERITAG TAX & CONSULTING INC Street Address (P.O. Box Number is Not Acceptable) 11220 METRO PKWY #3 City FORT MYERS FL Zip Code 33912
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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  DAVID GOLDBERG, PRES. 4/30/04

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, JULIE 17675 BOAT CLUB DR FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18090 N OLGA DR ALVA, FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, JEFF 17675 BOAT CLUB DR FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18090 N OLGA DR ALVA, FL 33920
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  JULIE WILLIAMS, PRESIDENT	4/30/04