

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90071 001 ***300.00

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1. Entity Name

THE PICTURE FACTORY OF PALM BEACH GARDENS,
INC.



Principal Place of Business

1860 J & G BOULEVARD
NAPLES FL 34109

Mailing Address

2320 VANDERBILT BEACH RD
NAPLES FL 34109

66401406



MOORE CR2E034 (11/03)

2. Principal Place of Business

2320 Vanderbilt Bch Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples

City & State

Zip

34109

Country

USA

Zip

Country

4. FEI Number

65-0741164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAUDILL, JAMES F
3838 TAMiami TRAIL NORTH
SUITE 402
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Caudill, James F.

Street Address (P.O. Box Number is Not Acceptable)

4933 Tamiami Trail North

Suite 200

City

Naples

FL

Zip Code

34103

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

TITLE D ☒ Delete
NAME BATES, MARK C
STREET ADDRESS 2375 TERRA VERDE LANE
CITY-ST-ZIP NAPLES FL 34105

TITLE D ☐ Delete
NAME CISKIE, ROGER D
STREET ADDRESS 970 EGRETS RUN #201
CITY-ST-ZIP NAPLES FL 34108

TITLE D ☐ Delete
NAME SADIK, OFER
STREET ADDRESS 710 MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE D ☐ Delete
NAME MURROW, SKIP
STREET ADDRESS 7508 SAN MIGUEL WAY
CITY-ST-ZIP NAPLES FL 34109

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
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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #