


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90042 023 ***150.00

DOCUMENT # P02000002590	
1. Entity Name PHOTOGRAPHIC ARTS UNLIMITED, INC.	

Principal Place of Business P.O. BOX 2166 SANTA ROSA BEACH, FL 32459	Mailing Address P.O. BOX 2166 SANTA ROSA BEACH, FL 32459
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2. Principal Place of Business 109 melvin St.	3. Mailing Address P.O. Box 2166
Suite, Apt. #, etc.	Suite, Apt. #, etc.


City & State Destin Florida	City & State Santa Rosa Bch, FL
Zip 32541	Zip 32459
Country USA	Country USA

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
7. Name and Address of New Registered Agent Name M. Todd Burke Street Address (P.O. Box Number is Not Acceptable) 215 Grand Boulevard, Suite 101 City Destin FL Zip Code 32550	

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 	DATE February 27, 2004
<small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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 KEFFER, TRICIA L 109 MELVIN STREET DESTON, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Tricia L. Keffer 2/24/04 850-269-2206	DATE
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	