

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90018 040 ***150.00

DOCUMENT # P02000013267					
1. Entity Name MCCOURTNEY PHOTOGRAPHICS INC.					
Principal Place of Business 2437 TEMPLE STREET SARASOTA FL 34239			Mailing Address 2437 TEMPLE STREET SARASOTA FL 34239		
2. Principal Place of Business 2224 WASON RD		3. Mailing Address 2224 WASON RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SARASOTA, FL		City & State SARASOTA, FL		4. FEI Number 75-2988855	
Zip 34231		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCOURTNEY, MATTHEW 2437 TEMPLE STREET SARASOTA FL 34239			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE V <input type="checkbox"/> Delete NAME MCCOURTNEY, JAMES B STREET ADDRESS 3721 FLAMINGO AVE. CITY-ST-ZIP SARASOTA FL 34242	TITLE NO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME NO STREET ADDRESS CITY-ST-ZIP				
TITLE P <input type="checkbox"/> Delete NAME MCCOURTNEY, MATTHEW STREET ADDRESS 2437 TEMPLE STREET CITY-ST-ZIP SARASOTA FL 34239	TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME MCCOURTNEY, MATTHEW STREET ADDRESS 2224 WASON RD CITY-ST-ZIP SARASOTA FL 34231				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 #