2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078487

VALRICO, FL 33594

City-St-Zip:

Entity Name: PHOTOGRAPHY BY MICHELLE A M WILSON, INC

FILED Jul 03, 2004 Secretary of State

Littly Na	Me. PHOTOGRAFITI BI WICHELLE A N	WILSON, INC.		
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	ER OVERLOOK DRIVE FL 33594			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	ER OVERLOOK DRIVE FL 33594			
FEI Number	: FEI Number Applied For()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	: Name and Address o	f New Registered Agent:	
4623 RIVE VALRICO, The above	MCFARLANE, MICHELLE R OVERLOOK DRIVE FL 33594 named entity submits this statement for the	ne purpose of changing its registered	d office or registered agent, or both,	
in the State	e of Florida.			
SIGNATU	RE:			
	Electronic Signature of Registered	Agent	Date	
	ce with s. 607.193(2)(b), F.S., the corporation dimpaign Financing Trust Fund Contribution ().	d not receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MRS. () Delete MCFARLANE-WILSON, MICHELLE 4623 RIVER OVERLOOK DRIVE VALRICO, FL 33594	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MR. () Delete WILSON, GARY E 4623 RIVER OVERLOOK DRIVE	Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE MCFARLANE-WILSON MRS. 07/03/2004