

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-04-2004 90086 025 ***150.00

DOCUMENT # P02000096512																																																																																																																													
1. Entity Name THE PICTURE FACTORY OF SARASOTA, INC.																																																																																																																													
Principal Place of Business 4088 CATTLEMEN ROAD SARASOTA FL 34233			Mailing Address 2320 VANDERBILT BEACH RD. NAPLES FL 34109																																																																																																																										
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Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																										
City & State SARASOTA FL			City & State																																																																																																																										
Zip 34233		Country USA		4. FEI Number 06-679573																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent CAUDILL, JAMES F 2640 GOLDEN GATE PARKWAY SUITE 115 NAPLES FL 34109				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 _____ (NOTE: Registered Agent signature required when reinstating)																																																																																																																													
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 <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: center;">Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: center;">Change Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>BATES, MARK C</td> <td><input checked="" type="checkbox"/></td> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2375 TERRA VERDE LANE NAPLES FL 34105</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>CISKIE, ROGER D</td> <td></td> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>970 EGRETS RUN UNIT 201</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES FL 34108</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>SADIK, OFER</td> <td></td> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>710 MILITARY TRAIL</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DEERFIELD BEACH FL 33442</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>MURROW, SKIP</td> <td></td> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7508 SAN MIGUEL WAY</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES FL 34109</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	Delete	TITLE	NAME	Change Addition	STREET ADDRESS	BATES, MARK C	<input checked="" type="checkbox"/>	STREET ADDRESS		<input type="checkbox"/>	CITY-ST-ZIP	2375 TERRA VERDE LANE NAPLES FL 34105		CITY-ST-ZIP		<input type="checkbox"/>	TITLE	D	<input type="checkbox"/>	TITLE		<input type="checkbox"/>	NAME	CISKIE, ROGER D		NAME		<input type="checkbox"/>	STREET ADDRESS	970 EGRETS RUN UNIT 201		STREET ADDRESS		<input type="checkbox"/>	CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP		<input type="checkbox"/>	TITLE	D	<input type="checkbox"/>	TITLE		<input type="checkbox"/>	NAME	SADIK, OFER		NAME		<input type="checkbox"/>	STREET ADDRESS	710 MILITARY TRAIL		STREET ADDRESS		<input type="checkbox"/>	CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZIP		<input type="checkbox"/>	TITLE	D	<input type="checkbox"/>	TITLE		<input type="checkbox"/>	NAME	MURROW, SKIP		NAME		<input type="checkbox"/>	STREET ADDRESS	7508 SAN MIGUEL WAY		STREET ADDRESS		<input type="checkbox"/>	CITY-ST-ZIP	NAPLES FL 34109		CITY-ST-ZIP		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	NAME			NAME		<input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS		<input type="checkbox"/>	CITY-ST-ZIP			CITY-ST-ZIP		<input type="checkbox"/>
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																													
Date _____ Daytime Phone # _____																																																																																																																													

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MOORE CR2E034 (11/03)