FILED
May 04, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000096985

1. Entity Name
INSTANT MEMORIES DIGITAL EVENT PHOTOGRAPHY, INC.

Principal Place of Business	Mailing Address
10580 NW 41ST ST CORAL SPRINGS, FL 33065	10580 NW 41ST ST CORAL SPRINGS, FL 33065

DO NOT WRITE IN THIS SPACE

04282005 No Chg-F CR2E034 (10/03)

4. FEI Number
01-0743642
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

CYNTHIA L. HEELAN
10580 NW 41ST. STREET
CORAL SPRINGS, FL 33065

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6. 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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	HEELAN, CYNTHIA L
STREET ADDRESS	10580 NW 41ST ST
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	S
NAME	HEELAN, ROBERT J
STREET ADDRESS	10580 NW 41ST ST
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/05-80100-003 158.75

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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 INDIVIDUAL) (Date) (Daytime Phone #)