


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90059 032 \*\*\*150.00

<b>DOCUMENT # P02000130823</b> 1. Entity Name <b>RED FERN PHOTOGRAPHY, INC.</b>					
Principal Place of Business <b>10 ELIAS LN PALM COAST, FL 32164</b>			Mailing Address <b>10 ELIAS LN PALM COAST, FL 32164</b>		
2. Principal Place of Business <b>20 Maple St</b> Suite, Apt. #, etc.		3. Mailing Address <b>20 Maple St</b> Suite, Apt. #, etc.			
City & State <b>FLAGLER BEACH, FL</b> Zip <b>32136</b>		City & State <b>Flagler Beach, FL</b> Zip <b>32136</b>		4. FEI Number <b>06-1666570</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SAVY, BENJAMIN</b> <b>25 PINE CONE DR STE 2A</b> <b>PALM COAST, FL 32164</b>				7. Name and Address of New Registered Agent Name <b>Stacey Brunson</b> Street Address (P.O. Box Number is Not Acceptable) <b>20 Maple St</b> City <b>Flagler Beach</b> <b>FL</b> Zip Code <b>32136</b>	
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 <u><b>Stacey Brunson</b></u> (President/Owner) DATE <b>2/5/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BRUNSON, STACEY</b> <b>10 ELIAS LN.</b> <b>PALM COAST, FL 32164</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P</b> <b>Brunson, Stacey</b> <b>20 Maple St</b> <b>Flagler Beach FL 32136</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><b>S Brunson</b></u> <b>S Brunson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2/5/05</b> Daytime Phone # <b>(386) 439-5133</b>		