


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90016 034 ***150.00

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|---|--|--|--|---|--|
| DOCUMENT # P02000133198 1. Entity Name PICTURE WAREHOUSE OF FORT MYERS, INC. | | | |  | |
| Principal Place of Business 15495 TAMiami TRAIL NORTH, SUITE 121 NAPLES, FL 34110 | | | Mailing Address 15495 TAMiami TRAIL NORTH, SUITE 121 NAPLES, FL 34110 | | |
| 2. Principal Place of Business 11742 METRO PARKWAY Suite, Apt. #, etc. | | 3. Mailing Address 2700 IMMOKALEE RD # 16 Suite, Apt. #, etc. | | | |
| City & State FORT MYERS, FL Zip 33912 Country USA | | City & State NAPLES, FL Zip 34110 Country USA | | 4. FEI Number 30-0147056 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent PALINCHAK, LARRY 15495 TAMiami TRAIL NORTH, SUITE 121 NAPLES, FL 34110 | | | 7. Name and Address of New Registered Agent Name STEPHEN L PALINCHAK Street Address (P.O. Box Number is Not Acceptable) 2700 IMMOKALEE RD # 16 City NAPLES FL Zip Code 34110 | | |
| 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>STEPHEN L. PALINCHAK</u> <i>Stephen L. Palinchak</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COMERIATO, ROBERT S 1912 PRINCESS COURT NAPLES, FL 34110 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PALINCHAK, LARRY S 2255 IMPERIAL GOLF COURSE BOULEVARD NAPLES, FL 34110 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALVO, DANIEL 29280 S. JONES LOOP RD. PUNTA GORDA, FL 33950 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <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>STEPHEN L. PALINCHAK</u> <i>Stephen L. Palinchak</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

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01042005 Chg-P CR2E034 (10/03)