


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-05-2004 90084 008 ***158.75

DOCUMENT # P03000021026
 1. Entity Name
MARY GEORGE PHOTOGRAPHY, INC.



Principal Place of Business Mailing Address
 416 AVALON BLVD. 416 AVALON BLVD.
 ORLANDO FL 32806 ORLANDO FL 32806

2. Principal Place of Business 3. Mailing Address
1594 Waterwitch Dr *1594 Waterwitch Dr*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Orlando, FL *Orlando, FL*
 Zip Country Zip Country
32806 *USA* *32806* *USA*

4. FEI Number Applied For
02-0677045 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
GEORGE, MARY R MRS.
416 AVALON BLVD.
ORLANDO, FL FL 32806

7. Name and Address of New Registered Agent
 Name *Mary George*
 Street Address (P.O. Box Number is Not Acceptable)
1594 Waterwitch Drive
Orlando, FL
 City State Zip Code
 FL *32806*

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: *Mary R. George* Date: *3/30/04*
Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GEORGE, MARY R MRS.	
STREET ADDRESS	416 AVALON BLVD.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>George, Mary R. Mrs</i>	
STREET ADDRESS	<i>1594 Waterwitch Drive</i>	
CITY-ST-ZIP	<i>Orlando, FL 32806</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Mary R. George* Date: *3/30/04* Daytime Phone #: *407-579-3473*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR