

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000069668

1. Entity Name  
DIANE ARD PHOTOGRAPHY, INC.



**FILED  
Jul 15, 2004 8:00 am  
Secretary of State**

07-15-2004 90003 014 \*\*\*150.00

*Shark ipx - Diane  
54062437*



07132004 Chg-P CR2E034 (10/03)

Principal Place of Business 5465 WOODBINE RD PACE, FL 32571	Mailing Address 5465 WOODBINE RD PACE, FL 32571		
2. Principal Place of Business <i>Diane Ard photography, Inc.</i>	3. Mailing Address <i>Same</i>		
Suite, Apt. #, etc. <i>5465 Woodbine Rd.</i>	Suite, Apt. #, etc.		
City & State <i>PACE FL</i>	City & State		
Zip <i>32571</i>	Country <i>Santa Rosa</i>	Zip	Country
6. Name and Address of Current Registered Agent  ARD, DIANE 5465 WOODBINE RD PACE, FL 32571		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 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 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ARD, DIANE	<input type="checkbox"/> Delete	TITLE ARD, JAMES R	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 5845 QUINTETTE RD		NAME 5845 QUINTETTE RD	
STREET ADDRESS PACE, FL 32571		STREET ADDRESS PACE, FL 32571	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ARD, JAMES R	<input type="checkbox"/> Delete	TITLE ARD, JAMES R	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 5845 QUINTETTE RD		NAME 5845 QUINTETTE RD	
STREET ADDRESS PACE, FL 32571		STREET ADDRESS PACE, FL 32571	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ARD, JAMES R	<input type="checkbox"/> Delete	TITLE ARD, JAMES R	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 5845 QUINTETTE RD		NAME 5845 QUINTETTE RD	
STREET ADDRESS PACE, FL 32571		STREET ADDRESS PACE, FL 32571	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ARD, JAMES R	<input type="checkbox"/> Delete	TITLE ARD, JAMES R	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 5845 QUINTETTE RD		NAME 5845 QUINTETTE RD	
STREET ADDRESS PACE, FL 32571		STREET ADDRESS PACE, FL 32571	
CITY-ST-ZIP		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: *Diane Ard, Inc.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/04 850-995-0802  
Date Daytime Phone #