


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000080914**

1. Entity Name  
 BIRDWELL PHOTOGRAPHY & MULTIMEDIA, INC.



Principal Place of Business  
 890 S. PALAFOX PLACE  
 UNIT 109  
 PENSACOLA, FL 32502

Mailing Address  
 890 S. PALAFOX PLACE  
 UNIT 109  
 PENSACOLA, FL 32592



03262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 57-1180220

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BIRDWELL, THOMAS R 111  
 890 S. PALAFOX PLACE  
 SUITE 109  
 PENSACOLA, FL 32502

**DO NOT WRITE IN THIS SPACE**

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) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000874896  
 04/11/08 80018-025-150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BIRDWELL, THOMAS R 111 890 S. PALAFOX PLACE SUITE 109 PENSACOLA, FL 32502
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *X Thomas R Birdwell* **THOMAS R BIRDWELL** *3-28-08* *8502413472*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #