


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000116293</b> 1. Entity Name <b>LONG LASTING IMAGES, INC.</b>	
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Principal Place of Business <b>5738 FORESTER LAKE DR. SARASOTA, FL 34243</b>	Mailing Address <b>5738 FORESTER LAKE DR. SARASOTA, FL 34243</b>
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05022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0313326</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>NYESTE, ILDIKO K 5738 FORESTER LAKE DR. SARASOTA, FL 34243</b>
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**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 restate) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NYESTE, ILDIKO K 5738 FORESTER LAKE DR. SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GURIN, PETRA 5738 FORESTER LAKE DR. SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SZALAY, ROBERT 5738 FORESTER LAKE DR. SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEGYERI, ATTILA 5738 FORESTER LAKE DR. SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/05/05-80067-021 150.00

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IN THIS SPACE**

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:** *Ildiko K. Nyeste* **4/30/05 (941) 351-6379**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #