



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90083 042 ***150.00

DOCUMENT # P03000142380 1. Entity Name SOUTHWEST FLORIDA BEACH PHOTOS, INC.					
Principal Place of Business 23600 WALDEN CENTER DR SUITE 106 BONITA SPRINGS, FL 34134			Mailing Address 23600 WALDEN CENTER DR SUITE 106 BONITA SPRINGS, FL 34134		
2. Principal Place of Business 303 Burnt Pine Dr. Suite, Apt. #, etc.		3. Mailing Address 303 Burnt Pine Dr. Suite, Apt. #, etc.			
City & State Naples FL		City & State Naples FL		4. FEI Number 51-0490386 Applied For <input type="checkbox"/> Not Applicable.	
Zip 34119 Country USA		Zip 34119 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Daniel C. Thompson Street Address (P.O. Box Number is Not Acceptable) 303 Burnt Pine Dr. City Naples FL Zip Code 34119	
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: <i>Daniel C. Thompson JR.</i> DATE: 03/15/2005 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 : PSTD <input type="checkbox"/> Delete NAME THOMPSON, DANIEL C JR STREET ADDRESS 23600 WALDEN CENTER DR SUITE 106 CITY-ST-ZIP BONITA SPRINGS, FL 34134			TITLE : PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Thompson, Daniel C. Jr STREET ADDRESS 303 Burnt Pine Dr CITY-ST-ZIP Naples FL 34119		
TITLE : <input type="checkbox"/> Delete 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"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE : <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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: <i>Daniel C. Thompson JR.</i> DATE: 03/15/2005 DAYTIME PHONE: 234-450-0910 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					