

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000065572

FILED
Sep 08, 2008
Secretary of State

Entity Name: SOUTHERN PROFESSIONAL PHOTOGRAPHERS, INC.

Current Principal Place of Business:

301 AMELIA CIRCLE WAY
PHOTO SHOP
AMELIA ISLAND, FL 32034

New Principal Place of Business:

90 AMELIA VILLAGE CIRCLE
PHOTO SHOP
AMELIA ISLAND, FL 32034

Current Mailing Address:

315 15TH STREET
ST SIMONS ISLAND, GA 31522

New Mailing Address:

90 AMELIA VILLAGE CIRCLE
AMELIA ISLAND, FL 32034

FEI Number: 20-1037305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINCHEW, DENA
301 AMELIA ISLAND CIRCLE
PHOTO SHOP
AMELIA ISLAND, FL 32034 US

Name and Address of New Registered Agent:

MCCARTHY, LYNN
90 AMELIA VILLAGE CIRCLE
PHOTO SHOP
AMELIA ISLAND, FL 32034 US

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.

SIGNATURE: LYNN MCCARTHY

09/08/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCARTHY, LYNN
Address: 122 PALMETTO STREET
City-St-Zip: ST SIMONS ISLAND, GA 31522

Title: V () Delete
Name: MCCARTHY, CURTIS
Address: 122 PALMETTO STREET
City-St-Zip: ST SIMONS ISLAND, GA 31522

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN MCCARTHY

P

09/08/2008

Electronic Signature of Signing Officer or Director

Date