

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000029586

1. Entity Name
PHOTOGRAPHY BY JIM MCLAUGHLIN, INC.



Principal Place of Business
12780 AUBREY LANE
BOKEELIA, FL 33922 US

Mailing Address
12780 AUBREY LANE
BOKEELIA, FL 33922 US



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1911431
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCLAUGHLIN, JAMES W
12780 AUBREY LANE
BOKEELIA, FL 33922

**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 the filer

NOTE: Registered Agent signature required when re-registering

DATE

02-27-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000654122
03/13/07-80049-010 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P
MCLAUGHLIN, JAMES W
12780 AUBREY LANE
BOKEELIA, FL 33922

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-27-07