

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90148 034 \*\*\*150.00

**DOCUMENT # P05000127450**

1. Entity Name  
**NIKKI RITCHER PHOTOGRAPHY INC.**



Principal Place of Business  
**3320 ADDISON LN  
TALLAHASSEE, FL 32317**

Mailing Address  
**3320 ADDISON LN  
TALLAHASSEE, FL 32317**

**50020667**



2. Principal Place of Business  
**3320 Addison Ln**  
Suite, Apt. #, etc.

3. Mailing Address  
**210 W 1st Ave**  
Suite, Apt. #, etc.

05242006 Chg-P CR2E034 (11/05)

City & State  
**Tallahassee, FL**  
Zip  
**32317** Country  
**USA**

City & State  
**Tallahassee, FL**  
Zip  
**32303** Country  
**USA**

4. FEI Number  
**20-3643472** ☒ Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CAMPBELL, KATIE  
3320 ADDISON LN  
TALLAHASSEE, FL 32317**

**7. Name and Address of New Registered Agent**

Name  
**Nikki Ritcher**  
Street Address (P.O. Box Number is Not Acceptable)  
**210 W 1st Ave**  
City  
**Tallahassee** FL Zip Code  
**32303**

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 *Nikki Ritcher* **Nikki Ritcher** **5/31/06**  
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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME **P** ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
**RITCHER, NIKKI  
3320 ADDISON LN  
TALLAHASSEE, FL 32317**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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: *Nikki Ritcher* **Nikki Ritcher** **5/31/06** **850.264.6249**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #