

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90033 024 ***150.00

DOCUMENT # P05000127450

1. Entity Name
NIKKI RITCHER PHOTOGRAPHY INC.



4000000



Principal Place of Business
3320 ADDISON LN
TALLAHASSEE, FL 32317

Mailing Address
210 W 1ST AVE
TALLAHASSEE, FL 32303

2. Principal Place of Business - No P.O. Box #

605 E Brevard

3. Mailing Address

605 E Brevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272007

Chg-P

CR2E034 (12/06)

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

20-3643472

☒ Applied For
Not Applicable

Zip

32308

Country

USA

Zip

32308

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RITCHER, NIKKI
210 W 1ST AVE
TALLAHASSEE, FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

4/26/07

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Ritcher, Nikki
605 E Brevard
Tallahassee, FL 32308 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

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 #

4/26/07