


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90021 036 \*\*\*150.00

<b>DOCUMENT # P07000009622</b>	
1. Entity Name RUSSELL HOLMES PHOTOGRAPHY, INC.	

40047139



01222008 Chg-P CR2E034 (12/06)

Principal Place of Business 3555 RAMBLER AVENUE SAINT CLOUD, FL 34772 US	Mailing Address 3555 RAMBLER AVENUE SAINT CLOUD, FL 34772 US
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2. Principal Place of Business - No P.O. Box # 11 Jersey Avenue Suite, Apt. #, etc.	3. Mailing Address 11 Jersey Avenue Suite, Apt. #, etc.
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City & State St. Cloud, FL	City & State St. Cloud, FL	4. FEI Number 20-8293528	Applied For <input type="checkbox"/> Not Applicable
Zip 34769	Country USA	Zip 34769	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  HOLMES, RUSSELL L 3555 RAMBLER AVENUE SAINT CLOUD, FL 34772	
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7. Name and Address of New Registered Agent Name Russell L. Holmes Street Address (P.O. Box Number is Not Acceptable) 11 Jersey Avenue City St. Cloud, FL Zip Code 34769	
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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 <u>Russell L. Holmes</u> DATE <u>1/22/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOLMES, RUSSELL L 3555 RAMBLER AVENUE SAINT CLOUD, FL 34772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Russell L. Holmes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1/22/2008</u> Daytime Phone # <u>(407) 891-8555</u>