

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000027112

FILED
Jul 12, 2008
Secretary of State

Entity Name: NANCY DOWDALL PHOTOGRAPHY, INC.

Current Principal Place of Business:

1100 SWALLOW AVE
APT A 109
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

1100 SWALLOW AVE
APT A 109
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 20-8651797 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOWDALL, NANCY
1100 SWALLOW AVE
APT A 109
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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: _____

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: DOWDALL, NANCY
Address: 1100 SWALLOW AVE, APT A 109
City-St-Zip: MARCO ISLAND, FL 34145

Title: VP () Delete
Name: DOWDALL, NANCY
Address: 1100 SWALLOW AVE, APT A 109
City-St-Zip: MARCO ISLAND, FL 34145

Title: T () Delete
Name: DOWDALL, NANCY
Address: 1100 SWALLOW AVE, APT A 109
City-St-Zip: MARCO ISLAND, FL 34145

Title: S () Delete
Name: DOWDALL, NANCY
Address: 1100 SWALLOW AVE, APT A 109
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: NANCY DOWDALL

P

07/12/2008

Electronic Signature of Signing Officer or Director

_____ Date