

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P07000126759**

1. Entity Name  
**LADY B PHOTOGRAPHY INC.**



Principal Place of Business  
**588 W NEWBURY ST  
CITRUS SPRINGS, FL 34434 US**

Mailing Address  
**588 W NEWBURY ST  
CITRUS SPRINGS, FL 34434 US**



03132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**26-1475404**

Applied For  
Not Applicable

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

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

**ARSCOTT, BLYTHE D  
588 W NEWBURY ST  
CITRUS SPRINGS, FL 34434**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

000000865857  
04/08/08-8000E-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **ARSCOTT, BLYTHE D**  
STREET ADDRESS **588 W NEWBURY**  
CITY - ST - ZIP **CITRUS SPRINGS, FL 34434**

TITLE **SEC**  
NAME **ARSCOTT, BLYTHE D**  
STREET ADDRESS **588 W NEWBURY**  
CITY - ST - ZIP **CITRUS SPRINGS, FL 34434**

TITLE **TREA**  
NAME **ARSCOTT, BLYTHE D**  
STREET ADDRESS **588 W NEWBURY**  
CITY - ST - ZIP **CITRUS SPRINGS, FL 34434**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
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:** Blythe D Arscott  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-20-08 (352)249-6929**  
Date Daytime Phone #