


FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90195 031 ***150.00

DOCUMENT # P92000009826

1. Entity Name
SNAPPY PHOTO, INC.



Principal Place of Business
60 EGLIN PKWY NE
FT WALTON BEACH, FL 32548

Mailing Address
60 EGLIN PKWY NE
FT WALTON BEACH, FL 32548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3162248

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MURPHY, DANIEL J
60 EGLIN PKWY NE
FT WALTON BEACH, FL 32548

7. Name and Address of New Registered Agent

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

PD
MURPHY, DANIEL J
121 JET DR NW
FT WALTON BEACH, FL 32548

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
MURPHY, MARILYN I
121 JET DR NW
FT WALTON BEACH, FL 32548

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
MURPHY, BRIAN L
820 SECOND AVENUE
FORT WALTON BEACH, FL 32547

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
MURPHY, DARREN E
506 MANCHESTER ROAD
FORT WALTON BEACH, FL 32547

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
MURPHY BLAKE, LISA R
506 SHEFFIELD RD
FORT WALTON BEACH, FL 32547

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
DARREN E. MURPHY
109 CASTLE RD
MARY ESTHER, FL 32569

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Marilyn I. Murphy 26 FEB 05 850-243-1136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #