

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
Secretary of State

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**



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000477137
04/06/06-80040-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MURPHY, DANIEL J
STREET ADDRESS	121 JET DR NW
CITY - ST - ZIP	FT WALTON BEACH, FL 32548
TITLE	STD
NAME	MURPHY, MARILYN I
STREET ADDRESS	121 JET DR NW
CITY - ST - ZIP	FT WALTON BEACH, FL 32548
TITLE	VP
NAME	MURPHY, BRIAN L
STREET ADDRESS	820 SECOND AVENUE
CITY - ST - ZIP	FORT WALTON BEACH, FL 32547
TITLE	VP
NAME	MURPHY, DARREN E
STREET ADDRESS	109 CASTLE RD
CITY - ST - ZIP	MARY ESTHER, FL 32569
TITLE	ST
NAME	MURPHY BLAKE, LISA R
STREET ADDRESS	506 SHEFFIELD RD
CITY - ST - ZIP	FORT WALTON BEACH, FL 32547
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

Marilyn I. Murphy
MARILYN I. MURPHY

DATE **20 MAR 06**

850-243-1136
DAYTIME PHONE