2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000029213

1. Entity Name
THOMAS M. WEBER PHOTOGRAPHY, INC.

Principal Place of Business	Mailing Address
570 SE 12TH CT POMPANO BCH, FL 33060 US	570 SE 12 COURT POMPANO, FL 33060 US

DO NOT WRITE IN THIS SPACE

02022007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0504919	Not Applicable

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

6. Name and Address of Current Registered Agent

WEBER, TOM
570 SE 12 COURT
POMPANO, FL 33060

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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_____

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, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000633722 02/21/07-80073-018 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	WEBER, THOMAS M.
STREET ADDRESS	570 SE 12TH COURT
CITY-ST-ZIP	POMPANO BEACH, FL

TITLE	D
NAME	WEBER, WENDY
STREET ADDRESS	570 SE 12 CT
CITY-ST-ZIP	POMPANO BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Wendy Weber_ WENDY WEBER 2/4/07 954-942-3555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #