

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000054508 1. Entity Name DIGITAL PHOTOGRAPHICS INC.	
--	---

Principal Place of Business 310 DUBSDREAD CIRCLE ORLANDO, FL 32804	Mailing Address 310 DUBSDREAD CIRCLE ORLANDO, FL 32804
--	--

DO NOT WRITE IN THIS SPACE



01102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3257883	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STONE, LOUIS E JR. 310 DUBSDREAD CIRCLE ORLANDO, FL 32804
--

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	0000000020303 01/29/04-80060-025 150.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STONE, LOUIS E JR. 310 DUBSDREAD CIRCLE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STONE, LOUIS E 902 SWEETBRIAR RD. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STONE, HELEN M 902 SWEETBRIAR RD. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: <u>Louis E Stone Jr</u> Louis E Stone Jr SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>1/21/04</u> Date	<u>407 240 4754</u> Daytime Phone #