

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90015 016 ***150.00

DOCUMENT # P97000100902

1. Entity Name
RAYMOND MERTENS PHOTOGRAPHY, INC.



Principal Place of Business
**1450 TUSKAWILLA RD.
SUITE 108
WINTER SPRINGS, FL 32708**

Mailing Address
**1450 TUSKAWILLA RD.
SUITE 108
WINTER SPRINGS, FL 32708**

94051835



01062004 Chg-P CR2E034 (10/03)

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

59-3479211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLAVIN, GRACE A ESQ.
1340 TUSKAWILLA RD., SUITE 106
WINTER SPRINGS, FL 32708**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D MERTENS, RAYMOND G
926 WILLOW RUN LANE
WINTER SPRINGS, FL 32708** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MERTENS, RAYMOND G
1450 TUSKAWILLA RD, STE 108
WINTER SPRINGS, FL 32708** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D MERTENS, ANNE L
926 WILLOW RUN LANE
WINTER SPRINGS, FL 32708** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MERTENS, ANNE L
1450 TUSKAWILLA RD, STE 108
WINTER SPRINGS, FL 32708** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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: *Raymond G. Mertens*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND G. MERTENS
PRESIDENT **4/10/04** **407-699-6293**
Date Daytime Phone #