

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90007 037 \*\*\*150.00

<b>DOCUMENT # P97000100902</b> 1. Entity Name <b>RAYMOND MERTENS PHOTOGRAPHY, INC.</b>					
Principal Place of Business <b>1450 TUSKAWILLA RD. SUITE 108 WINTER SPRINGS, FL 32708</b>			Mailing Address <b>1450 TUSKAWILLA RD. SUITE 108 WINTER SPRINGS, FL 32708</b>		
2. Principal Place of Business - No P.O. Box # <b>890 NORTHERN WAY</b>		3. Mailing Address <b>890 NORTHERN WAY</b>			
Suite, Apt. #, etc. <b>SUITE E</b>		Suite, Apt. #, etc. <b>SUITE E</b>			
City & State <b>WINTER SPRINGS, FL</b>		City & State <b>WINTER SPRINGS, FL</b>			
Zip <b>32708</b>		Country <b>USA</b>		Zip <b>32708</b>	
Country <b>USA</b>		Country <b>USA</b>			
6. Name and Address of Current Registered Agent  <b>GLAVIN, GRACE A ESQ. 1340 TUSKAWILLA RD., SUITE 106 WINTER SPRINGS, FL 32708</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MERTENS, RAYMOND G 1450 TUSKAWILLA RD., STE. 108 WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT D MERTENS, RAYMOND G 890 NORTHERN WAY, SUITE E WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MERTENS, ANNE L 1450 TUSKAWILLA RD., STE. 108 WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MERTENS, ANNE L 890 NORTHERN WAY, SUITE E WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Raymond G Mertens</u> <b>RAYMOND G MERTENS</b> 3/27/08 407-977-6996 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40058288



01112008 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-3479211**

Applied For  
Not Applicable

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT D MERTENS, RAYMOND G	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERTENS, RAYMOND G		NAME	MERTENS, RAYMOND G	
STREET ADDRESS	1450 TUSKAWILLA RD., STE. 108		STREET ADDRESS	890 NORTHERN WAY, SUITE E	
CITY - ST - ZIP	WINTER SPRINGS, FL 32708		CITY - ST - ZIP	WINTER SPRINGS, FL 32708	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERTENS, ANNE L		NAME	MERTENS, ANNE L	
STREET ADDRESS	1450 TUSKAWILLA RD., STE. 108		STREET ADDRESS	890 NORTHERN WAY, SUITE E	
CITY - ST - ZIP	WINTER SPRINGS, FL 32708		CITY - ST - ZIP	WINTER SPRINGS, FL 32708	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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SIGNATURE: Raymond G Mertens **RAYMOND G MERTENS** 3/27/08 407-977-6996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #