2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 21, 2008 08:00 Al Secretary of State DOCUMENT # P97000101457 1. Entity Name WILCO PHOTOGRAPHY, INC. Principal Place of Business Mailing Address 1250 W. NEWPORT CENTER 1250 W. NEWPORT CENTER SECOND FLOOR SECOND FLOOR DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 04162008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0809318 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILCO, ALAN DO NOT WRITE 1250 W. NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WILCO, ALAN NAME STREET ADDRESS 1250 W. NEWPORT CENTER DRIVE U000000908464 DEERFIELD BEACH, FL 33442 05/06/08-80031-025 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME

12. Thereby 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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED