

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000001425

1. Entity Name
**NATIONAL ASSOCIATION OF PHOTOSHOP
PROFESSIONALS, INC.**



Principal Place of Business

**333 DOUGLAS RD. EAST
OLDSMAR, FL 34677**

Mailing Address

**PO BOX 1793
OLDSMAR, FL 34677**

DO NOT WRITE IN THIS SPACE



04172005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3484519

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KELBY, SCOTT G
1042 MAIN STREET
201
DUNEDIN, FL 34698**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KELBY, SCOTT G
STREET ADDRESS	214 HIGHLANDWOODS DR.
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	SD
NAME	KELBY, KALEBRA L
STREET ADDRESS	214 HIGHLAND WOODS DR.
CITY-ST-ZIP	SAFETY HARBOR, FL 346953
TITLE	VPD
NAME	WORKMAN, JAMES
STREET ADDRESS	3020 ASHLAND TERRACE
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	TD
NAME	KENDRA, JEAN
STREET ADDRESS	3020 ASHLAND TERRACE
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/05-80033-017 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JEAN A. KENDRA, TREASURER