


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90138 010 ***158.75

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
--	---



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3484519	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent

KELBY, SCOTT G
1042 MAIN STREET 333 DOUGLAS RD. E
201- OLDSMAR, FL 34677
DUNEDIN, FL 34698

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KELBY, SCOTT G 214 HIGHLAND WOODS DR SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KELBY, KALEBRA L 214 HIGHLAND WOODS DR. SAFETY HARBOR, FL 346953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KENDRA, JEAN 3020 ASHLAND TERRACE CLEARWATER, FL 33761
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 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: Jean A Kendra Jean A Kendra 3-29-07 813-433-5011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #