2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 05, 2004 08:00 AM **BOCUMENT # P98000017278** Secretary of State 1. Entity Name DOUBLE EXPOSURE PHOTOGRAPHY INC. Principal Place of Business Mailing Address 16976 KEY LIME BLVD. LOXAHATCHEE FL 33470 16976 KEY LIME BLVD. LOXAHATCHEE FL 33470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0823083 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUBERT, TERRI Street Address (P.O. Box Number is Not Acceptable) 7811 W. LAKE DR WEST PALM BCH FL 33406 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change Delete Addition 3.00 MAME STEWART, GERRI NAME U00000070095 STREET ADDRESS 16976 KEY LIME BLVD STREET ADDRESS CITY - ST - 78P LOXAHATCHEE FL 33470 03/05/04-80019-013 150.00 CITY-ST-ZIP TETLE ☐ Delete HHE ☐ Change Addition NAME PIERIS, TERRI NAME STREET ADDRESS STREET ADDRESS 437 PRIVATEER ROAD CITY-ST-ZIP NORTH PALM BEACH FL 33478 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP BITLE Delete BITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ज्ञाह ☐ Detete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

**FILED** 

J-23-0Y 333-5767