


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000031993**  
 1. Entity Name  
**DAVID MARSHALL PHOTOGRAPHY, INC.**



Principal Place of Business 234 DELMAR AVENUE SARASOTA, FL 34243 US	Mailing Address 234 DELMAR AVENUE SARASOTA, FL 34243 US
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**DO NOT WRITE IN THIS SPACE**



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0831234	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SCHEB, ROBERT Q P  
 22 S. TUTTLE AVE., STE.3  
 SARASOTA, FL 34237

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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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMMETT, DAVID M 234 DELMAR AVENUE SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMMETT, CATHERINE P 234 DELMAR AVENUE SARASOTA, FL 34243
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400000653286  
 03/19/07-80015-019 150.00

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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 another like empowered.

SIGNATURE: *David M. Emmett* **David M. Emmett** 2/28/07 941 351 3685  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #