2007 FOR PROFIT CORPORATION-ANNUAL REPORT

DOCUMENT # P98000032531

1. Entity Name

SHAYNE HENSLEY PHOTOGRAPHIC PRODUCTIONS,



FILED
Feb 19, 2007 08:00 AM
Secretary of State

Principal Place of Business

2610 NE 20TH AVENUE LIGHTHOUSE POINT, FL 33064

Mailing Address

2610 NE 20TH AVENUE LIGHTHOUSE POINT, FL 33064



DO NOT WRITE IN THIS SPACE

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4.	FEI Number				Applied For
	36-42324	27		· ·	Not Applicat

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENSLEY, WILLIAM S 2610 NE 20TH AVENUE LIGHTHOUSE POINT, FL 33064

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, typod or printed name of registered agent and title of applicable. (NOTE: Registered Agent eignature required when reinstating) DATE									
FILE NOWIN FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000640629 02/28/07-80074-009 150.00				
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HENSELY, WILLIAM S 2610 NE 20TH AVENUE LIGHTHOUSE POINT, FL 33064				,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	:							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME Street adoress				DO NOT WRITE				
TITLE NAME STREET ADORESS CITY-ST-ZIP		:	IN THIS SPACE						
TITLE NAME STREET ADDRESS CITY - ST - ZIP			,						
TITLE NAME STREET ADDRESS CITY-ST-ZIP									

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 attackment with an address, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-07

Daytime Phone #