

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

05-29-2007 90042 016 \*\*\*550.00

**DOCUMENT # P99000005079**

1. Entity Name

**NATURALLY PHOTOGRAPHY, INC.**



Principal Place of Business

**2445-B COSTA VERDE CT  
ST#B  
JACKSONVILLE BEACH, FL 32250**

Mailing Address

**471 SATURABA DR  
ATLANTIC BEACH, FL 32233**



05222007 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-3619594**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**DENMAN, CASIE L  
471 SATURABA DR  
ATLANTIC BEACH, FL 32233**

**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

*Casie Denman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*5/21/07*  
DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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  
**PSD  
DENMAN, CASIE L  
471 SATURABA DR  
ATLANTIC BEACH, FL 32233**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VTD  
DENMAN, GARY  
471 SATURABA DR.  
ATLANTIC BEACH, FL 32233**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:**

*Casie Denman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/21/07*  
Date

*904.294.6876*  
Daytime Phone #