

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 30, 2006 8:00 am
Secretary of State

01-09-2006 90036 028 ***150.00

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1. Entity Name
STEVE'S DIGICAM ONLINE, INC.



Principal Place of Business
2643 CEDAR VIEW COURT
CLEARWATER, FL 33761

Mailing Address
2643 CEDARVIEW COURT
CLEARWATER, FL 33761

66000459



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3602799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, STEVE
2643 CEDARVIEW COURT
CLEARWATER, FL 33761

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

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

Steve Sanders STEVE SANDERS PRESIDENT

1/3/06

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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES ☐ Delete
NAME SANDERS, STEVE
STREET ADDRESS 2643 CEDARVIEW COURT
CITY- ST- ZIP CLEARWATER, FL 33761

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE CFO ☐ Delete
NAME SANDERS, SCOTT
STREET ADDRESS 424 LEeward IS
CITY- ST- ZIP CLEARWATER, FL 33767

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE VP ☐ Delete
NAME SAYLOR, DEBRA
STREET ADDRESS 424 BUTTON WOOD LANE
CITY- ST- ZIP LARGO, FL 33770

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 15335 BLUE FISH CR.
CITY- ST- ZIP BRADENTON FL 34202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #