
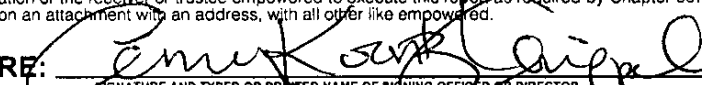


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAY -9 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000060667					
1. Entity Name AMY KOONTZ KNIPPEL PHOTOGRAPHY, INC.					
Principal Place of Business 4362 NW 35TH ST GAINESVILLE, FL 32605			Mailing Address 4362 NW 35TH ST GAINESVILLE, FL 32605		
2. Principal Place of Business - No P.O. Box # 459 Merlin Way			3. Mailing Address 459 Merlin		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Tallahassee FL			City & State Tallahassee FL		
Zip 32301		Country USA		4. FEI Number 65-0947997	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KOONTZ KNIPPEL, AMY 4362 NW 35TH ST GAINESVILLE, FL 32605			7. Name and Address of New Registered Agent Name: Amy Koontz Knippel Street Address (P.O. Box Number is Not Acceptable): 459 Merlin Way City: Tallahassee FL Zip Code: 32301		
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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KNIPPEL, AMY K 4362 NW 35TH ST GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Amy Koontz Knippel 459 Merlin Way Tallahassee FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KNIPPEL, DAN 4362 NW 35TH ST GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Knippel, Dan 459 Merlin Way Tallahassee FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			5/9/08 8506567263 Date Daytime Phone #		