



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90479 002 ***150.00

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|---|---------------------------------|--|--|--|--|
| DOCUMENT # P99000064388 1. Entity Name BUXTON PHOTOGRAPHY INC. | | | |  | |
| Principal Place of Business 4740 NE 12TH AV E FORT LAUDERDALE, FL 33334 | | | Mailing Address 4740 NE 12TH AV E FORT LAUDERDALE, FL 33334 | | |
| 2. Principal Place of Business 308 SE 6th Ave Suite, Apt. #, etc. Deerfield City & State Deerfield Bch FL | | 3. Mailing Address 308 SE 6th Ave Suite, Apt. #, etc. Deerfield Bch FL City & State Deerfield Bch FL | |  | |
| Zip 33441 | | Country Broward | | 4. FEI Number 65-0934682 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent BUXTON, SUE 999 N.W. 53RD STREET FT. LAUDERDALE, FL 33309 | | | 7. Name and Address of New Registered Agent 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE D NAME BUXTON, SUE STREET ADDRESS 999 N.W. 53RD STREET CITY-ST-ZIP FT. LAUDERDALE, FL 33309 | <input type="checkbox"/> Delete | | TITLE P NAME P STREET ADDRESS P CITY-ST-ZIP P | <input type="checkbox"/> Change <input checked="" 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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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Sue Buxton</u> <u>SUE BUXTON, PRESIDENT</u> <u>4/27/05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |