

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2004 8:00 am
Secretary of State

06-18-2004 90004 027 ***150.00

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1. Entity Name
NELS JOHNSON PHOTOGRAPHER, INC.

Principal Place of Business

107 E 5TH AVE
TAMPA, FL 33605

Mailing Address

107 E 5TH AVE
TAMPA, FL 33605

34058024

2. Principal Place of Business

1707 E. 5TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

1707 E. 5TH AVENUE

Suite, Apt. #, etc.



06022004

Chg-P

CR2E034 (10/03)

City & State

TAMPA, FLORIDA

Zip

33605

Country

USA

City & State

TAMPA, FLORIDA

Zip

33605

Country

USA

4. FEI Number

59-3619924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, NELS III
10707 E 5TH AVE
TAMPA, FL 33605

7. Name and Address of New Registered Agent

Name

JOHNSON, NELS III

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

1707 E. 5TH AVENUE

City

TAMPA

FL

Zip Code

33605

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, 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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE P ☐ Delete
NAME JOHNSON III, NELS
STREET ADDRESS 1707 E 5TH AVE
CITY-ST-ZIP TAMPA, FL 33605

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 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:

Nels Johnson III NELS JOHNSON III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/04

Date

C.P.
727 515 1600

Daytime Phone #