2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S25732 1. Éntity Name MCVICKER PHOTOGRAPHY, INC.



FILED Mar 24, 2008 08:00 A Secretary of State

Principal Place of Business

DUNEDIN, FL 34698

324 SCOTLAND ST P.O. BOX 880 Malling Address

P.O. BOX 880

DUNEDIN, FL 34698

US



DO NOT WRITE IN THIS	5 SPA	ICE
----------------------	-------	------------

01032008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

59-3045743

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCVICKER, SAMUEL 324 SCOTLAND ST P.O. BOX 880 DUNEDIN, FL 34697

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plons of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	f applicable /NOTE: Registered	Ament signatura	e required when reinstating)	DATE
	Organizate, types or printed mains of registered agent and side	i dela (inc.) (inc.) (inc.)	Again agrandi	Topics with temperatury	
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	 Election Campaign Finance Trust Fund Contribution. 	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCVICKER, SAMUEL 324 SCOTLAND ST. DUNEDIN, FL				U00000868151
TITLE NAME STREET ADDRESS CITY-ST-ZIP					04/08/08-80099-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,				
TITLE NAME STREET ADDRESS					

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:

MATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTO

<u> 3-19-2008</u>

727-739-966 Daytime Phone #