## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # S51906

LOUIS VENNE PHOTOGRAPHY, INC.



Principal Place of Business

2770 HORSEHOE DR S

STF 6

NAPLES, FL 34104

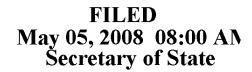
Mailing Address

2770 HORSEHOE DR S

STE 6

DO NOT WRITE IN THIS SPACE

NAPLES, FL 34104





04162008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3069702 Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VENNE, LOUIS 2770 HORSHOE DR. S #6 NAPLES, FL 34104

## DO NOT WRITE IN THIS SPACE

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 abent and title if applicable

(NOTE, Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000948983

06/03/08-80009-022 150.00

10. OFFICERS AND DIRECTORS TITLE VENNE, LOUIS NAME STREET ADDRESS 2770 HORSESHOE DR S. STE 6 CITY-ST-ZIP NAPLES, FL 34104 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 appears, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2394308366