


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90038 007 ***150.00

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|---|---|
| DOCUMENT # M75919 1. Entity Name UNIVERSITY PHOTOGRAPHY, INC. |  |
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| Principal Place of Business % JAMES H. PARKER P.O. BOX 14018 GAINESVILLE, FL 32604 | Mailing Address P.O. BOX 2454 TUSCALOOSA, AL 35403 |
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50061794



01052005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2594422 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent PARKER, JAMES H 619 S. MAIN ST. SUITE #G GAINESVILLE, FL 32601 |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

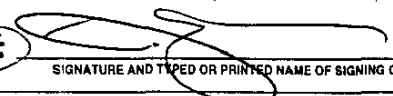
FILE NOW!!! FEE IS \$150.00

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LIMMROTH, GARY W 2819 6TH ST TUSCALOOSA, AL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARKER, II, JAMES H 21 20TH PL E TUSCALOOSA, AL |
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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:  **8/8/05** **205 391-9500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone