

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90017 027 ***150.00

DOCUMENT # F73070

1. Entity Name
I.M.G. ENTERPRISES, INC.



Principal Place of Business
7836 CHERRY LAKE RD
GROVELAND, FL 34736 US

Mailing Address
7836 CHERRY LAKE RD
GROVELAND, FL 34736 US

14000274



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1477943

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, ANN
7836 CHERRY LAKE ROAD
GROVELAND, FL 34736

**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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALLIN, MICHEL 7836 CHERRY LAKE RD GROVELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALLIN, VERONIQUE 7836 CHERRY LAKE ROAD GROVELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAHAM, ANN SALLIN, MELANIE 7836 CHERRY LAKE RD. GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 301

1/19/04 352-429-2171