

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S15015

FILED  
Jan 31, 2008  
Secretary of State

Entity Name: IMAGES GRAPHIC SPECIALTIES, INC.

**Current Principal Place of Business:**

11803 METRO PKWY  
FT. MYERS, FL 33966 US

**New Principal Place of Business:**

**Current Mailing Address:**

11803 METRO PKWY  
FT. MYERS, FL 33966 US

**New Mailing Address:**

FEI Number: 65-0246030      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOSE, JOHN F.  
11803 METRO PKWY  
FT. MYERS, FL 33966 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: HOSE, JOHN F.,  
Address: 8116 BRETON CIRCLE  
City-St-Zip: FT MYERS, FL 33966

Title: V ( ) Delete  
Name: HOSE, RENEE  
Address: 8116 BRETON CIRCLE  
City-St-Zip: FT MYERS, FL 33966

Title: S ( ) Delete  
Name: HORST, SHARAYAH D  
Address: 8116 BRETON CIR.  
City-St-Zip: FT. MYERS, FL 33966

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT (X) Change ( ) Addition  
Name: HOSE, JOHN F.,  
Address: 5531 MACKABOY CT.  
City-St-Zip: FT MYERS, FL 33905

Title: V (X) Change ( ) Addition  
Name: HOSE, RENEE  
Address: 5531 MACKABOY CT.  
City-St-Zip: FT MYERS, FL 33905

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN F. HOSE

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

P

01/31/2008

\_\_\_\_\_ Date