

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000010024

**FILED**  
**Feb 05, 2021**  
**Secretary of State**  
**6667360186CC**

**Entity Name:** IMAGINATION M3 CORP

**Current Principal Place of Business:**

670 HADLEY PLACE EAST  
NAPLES, FL 34104

**Current Mailing Address:**

PO BOX 991092  
NAPLES, FL 34116

**FEI Number:** 85-2781245

**Certificate of Status Desired:** No

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

THOMAS, GREGORY W CEO  
670 HADLEY PLACE EAST  
NAPLES, FL 34104 US

*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

**Officer/Director Detail :**

Title CEO  
Name THOMAS, GREGORY W CEO  
Address 670 HADLEY PLACE EAST  
City-State-Zip: NAPLES FL 34104

Title CEO  
Name THOMAS D, ONNA A CEO  
Address 670 HADLEY PLACE EAST  
City-State-Zip: NAPLES FL 34104

Title DIR  
Name BYFIELD, MARLON DIR  
Address PO BOX 991092  
City-State-Zip: NAPLES FL 34116

Title DIR  
Name SMITH, JANETTE DIR  
Address PO BOX 991092  
City-State-Zip: NAPLES FL 34116

Title SEC  
Name BROWN, DAWNNETT SECRETA  
Address PO BOX 991092  
City-State-Zip: NAPLES FL 34116

Title TRE  
Name TYNDALL, KAREN TREASUR  
Address PO BOX 991092  
City-State-Zip: NAPLES FL 34116

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GREGORY THOMAS

CEO

02/05/2021

Electronic Signature of Signing Officer/Director Detail

Date