

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000003147

**Entity Name:** IMAGINATION PARK TOURS, INC.

**Current Principal Place of Business:**

5641 BIDWELL PARKWAY  
UNIT 201  
SARASOTA, FL 34233

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC5051778667**

**Current Mailing Address:**

5641 BIDWELL PARKWAY  
UNIT 201  
SARASOTA, FL 34233 US

**FEI Number:** 45-4251785

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 PD  
Name LAMBROS, JAMES T  
Address 5641 BIDWELL PARKWAY  
UNIT 201  
City-State-Zip: SARASOTA FL 34233

Title S  
Name LAMBROS, JAMES  
Address 5641 BIDWELL PARKWAY  
UNIT 201  
City-State-Zip: SARASOTA FL 34233

Title T  
Name MYNATT, THERESA  
Address 5641 BIDWELL PARKWAY  
UNIT 201  
City-State-Zip: SARASOTA FL 34233

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

**SIGNATURE:** JAMES THOMAS LAMBROS

**PRESIDENT**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date