

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 608754

1. Entity Name
TOTAL IMAGE INTERNATIONAL, INC.



Principal Place of Business

**511 N. PINELLAS AVE
TARPON SPRINGS, FL 34689 US**

Mailing Address

**511 N. PINELLAS AVE
TARPON SPRINGS, FL 34689 US**

FILED

07 MAR -1 PM 3:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1872378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PRODROMITIS, DEMOSTENES
511 N. PINELLAS AVE
TARPON SPRINGS, FL 34689**

**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, 2007 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
**D
PRODROMITIS, VASSILIA
511 N. PINELLAS AVE
TARPON SPRINGS, FL 34689**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
PRODROMITIS, DEMOSTHENES
511 N. PINELLAS AVE
TARPON SPRINGS, FL 34689**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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**800090071808
03/02/07--01038--001 **350.00**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

DEMOSTHENES PRODROMITIS 2/9/07

Date

Daytime Phone # _____

PC 3/2