

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000000826

1. Entity Name  
2IMAGINE INC.



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR 24 PM 1:42

Principal Place of Business  
522 PINELLAS BAYWAY S.  
#208  
TIERRA VERDE, FL 33715

Mailing Address  
522 PINELLAS BAYWAY S.  
#208  
TIERRA VERDE, FL 33715

4/30/04 90068 003 \$150.00



**DO NOT WRITE IN THIS SPACE**

04242004 No Chg-P CR2E034 (10/03)

4. FEI Number  
51-0402792

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KEATON, KAREN S  
2816 BEACH BLVD  
SAINT PETERSBURG, FL 33707

**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  
PSTD  
PERRY, WAYNE  
522 PINELLAS BAYWAY S. #208  
TIERRA VERDE, FL 33715

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
PERRY, JULIE A  
522 PINELLAS BAYWAY S. #208  
TIERRA VERDE, FL 33715

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: Wayne Perry  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/04 727.865-0578