

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000006428

1. Entity Name
IMAGERIGHT, INC.



Principal Place of Business
1510 KLONDIKE ROAD
SUITE 400
CONYERS, GA 30094

Mailing Address
1510 KLONDIKE ROAD
SUITE 400
CONYERS, GA 30094



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number
58-2041215

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

INCPOR SERVICES, INC.
102 NORTH MERIDIAN STREET
TALLAHASSEE, FL 32301

**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, 2006 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
C
JANSEN, MICHAEL
1510 KLONDIKE ROAD
CONYERS, GA 30094

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ELIAS, DONALD
1510 KLONDIKE ROAD
CONYERS, GA 30094

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ELIAS, TERRI
1510 KLONDIKE ROAD
CONYERS, GA 30094

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
JANSEN, KERRI
1510 KLONDIKE ROAD
CONYERS, GA 30094

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000497002
04/22/06-80036-007 158.75

**DO NOT WRITE
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:

Terri Elias Terri Elias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06 770-860-0065

Date

Daytime Phone #