

# ANNUAL REPORT (AR)

DOCUMENT # H21797

1. Entity Name  
IMAGINATION STATION, INC.



**FILED**  
**Mar 06, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
510 DUNLAWTON ROAD  
PORT ORANGE FL 32127-4339

Mailing Address  
510 DUNLAWTON ROAD  
PORT ORANGE FL 32127-4339



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2448866

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEEFER, WILLA M  
926 BENTWOOD LANE  
PORT ORANGE FL 32127

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 transferring)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P  
KEEFER, WILLA M  
926 BENTWOOD LANE  
PORT ORANGE FL 32119 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VP  
ALBERT R KEEFER  
926 BENTWOOD LN  
PT ORANGE FL 32119 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
000000657456 ☐ Change ☐ Addition  
03/14/07-80069-007 158.75

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
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CITY- ST- ZIP  
☐ Change ☐ Addition

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

*Willie Keefe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Willie Keefe*

2/28/07

386-756-0660

Date

Daytime Phone #