

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90259 012 ***150.00

DOCUMENT # J21721

1. Entity Name
IMAGE PRINTING & DIGITAL SERVICES, INC.



Principal Place of Business
315 HOLLYWOOD BLVD.
SUITE 3
MARY ESTHER, FL 32569

Mailing Address
315 HOLLYWOOD BLVD.
SUITE 3
MARY ESTHER, FL 32569

50000115



01062007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2687207

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

MCLANE, GILLIAM B VP
2765 PGA BLVD
NAVARRE, FL 32566

7. Name and Address of New Registered Agent

Name **MCLANE, JOHN**
Street Address (P.O. Box Number is Not Acceptable)
315 E HOLLYWOOD BLVD STE 3
City **MARY ESTHER** **FL** Zip Code **32569**

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]

John W McCLane

1-8-2007

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 PD
NAME MCCAIN, JUANITA YOUNG ☐ Delete
STREET ADDRESS 315 HOLLYWOOD BLVD. SUITE 3
CITY-ST-ZIP MARY ESTHER, FL 32569

TITLE S
NAME MCCAIN, MARVIN ☐ Delete
STREET ADDRESS 315 HOLLYWOOD BLVD. #3
CITY-ST-ZIP MARY ESTHER, FL 32569

TITLE S
NAME MCCLANE, JOHN ☐ Delete
STREET ADDRESS 315 HOLLYWOOD BLVD #3
CITY-ST-ZIP MARY ESTHER, FL 32569

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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]

John W McCLane

1-8-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #