

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
Secretary of State

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



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2687207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCLANE, JOHN
315 E HOLLYWOOD BLVD STE 3
MARY ESTHER, FL 32569

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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, 2008 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
STREET ADDRESS	315 HOLLYWOOD BLVD. SUITE 3
CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE	S
NAME	MCCAIN, MARVIN
STREET ADDRESS	315 HOLLYWOOD BLVD. #3
CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE	S
NAME	MCCLANE, JOHN
STREET ADDRESS	315 HOLLYWOOD BLVD #3
CITY-ST-ZIP	MARY ESTHER, FL 32569
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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01/16/08-80040-004 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W McLane 1-12-2008

Date

Daytime Phone #

850 244 3380