

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90353 004 ***150.00

DOCUMENT # K55490

1. Entity Name

MOLDED IMAGES INC.



Principal Place of Business

% JAMES COPELAND
300 #9 TONY PENA DRIVE
JUPITER FL 33458

Mailing Address

% JAMES COPELAND
300 #9 TONY PENA DRIVE
JUPITER FL 33458

2. Principal Place of Business

713 Commerce Way
Suite, Apt. #, etc.
35

3. Mailing Address

713 Commerce Way
Suite, Apt. #, etc.
35



1st MOORE

CR2E034 (10/04)

City & State

Jupiter, Fla.

City & State

Jupiter, Fla.

4. FEI Number

65-0092860

Applied For

Not Applicable

Zip

33458

Country

USA

Zip

33458

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COPELAND, JAMES
300 #9 TONY PENA DRIVE
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

Copeland, James

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

713 Commerce Way # 35

City

Jupiter

FL

Zip Code

33458

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

James Copeland

Signature, typed or printed name of registered agent and title if applicable.

James Copeland

(NOTE: Registered Agent signature required when reinstating)

3-24-05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE **PVTD** ☐ Delete
NAME **COPELAND, JAMES**
STREET ADDRESS **6135 KENDRICK ST #B**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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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
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CITY-ST-ZIP

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:

James Copeland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-05

Date

561-743-0080

Daytime Phone #