

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # L59620 1. Entity Name IMAGE MANAGEMENT CORPORATION	
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Principal Place of Business 6971 HERITAGE DRIVE PORT ST. LUCIE, FL 34952	Mailing Address 6971 HERITAGE DRIVE PORT ST. LUCIE, FL 34952
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0175730	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent LE CONTE, RUTH 2697 SE CALUSA AVE PORT ST LUCIE, FL 34952

**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 _____ DATE _____

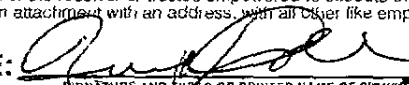
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01/19/06-80071-006 158.75

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PSD LE CONTE, RUTH 2697 S.E. CALUSA AVENUE PORT ST LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY ST ZIP	VTD FERRARO, JOHN 7407 PINE LAKES RD PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY ST ZIP	D MONGNO, VINCENT 542 PROSPECT ST WESTFIELD, NJ 07090
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  1/7/06 772-466-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **RUTH LE CONTE**