2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # L59620

1. Entity Name
IMAGE MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
6971 HERTAGE DRIVE PORT ST. LUCIE, FL 34952	6971 HERTAGE DRIVE PORT ST. LUCIE, FL 34952

01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0175730
☐ Applied For
☐ Not Applicable

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

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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.

U00000388225
01/13/06-80071-006 158.75

SIGNATURE _____ DATE

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	LE CONTE, RUTH
STREET ADDRESS	2697 S.E. CALUSA AVENUE
CITY ST ZIP	PORT ST LUCIE, FL 34952
TITLE	VTD
NAME	FERRARO, JOHN
STREET ADDRESS	7407 PINE LAKES RD
CITY ST ZIP	PORT ST. LUCIE, FL 34952
TITLE	D
NAME	MONGNO, VINCENT
STREET ADDRESS	542 PROSPECT ST
CITY ST ZIP	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 — Date — Daytime Phone #

RUTH LE CONTE