2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED Jan 25, 2008 08:00 AN Secretary of State

ľ	T#L65318	
L	1 # 500010	

1. Entity Name

IMAGE MAKERS OF NICEVILLE, INC.



Principal Place of Business

C/O WANDA L. JACKSON 910 S. PALM BLVD. NICEVILLE, FL 32578 Mailing Address

C/O WANDA L. JACKSON 910 S. PALM BLVD. NICEVILLE, FL 32578



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01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3006035

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, WANDA L. 910 S. PALM BLVD. NICEVILLE, FL 32578

DO NOT WRITE

		1	1000		建数型设计的主动逻辑 新疆外域	
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am famil	ar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registered	3 Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution	icing	\$5.00 May Be Added to Fees		į
10.	OFFICERS AND DIREC	CTORS	- 3		Burnelly to the service	4.7 34. 3.35
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, WANDA L. 910 S. PALM BLVD. NICEVILLE, FL				H00003798271	
TITLE NAME STREET ADDRESS CITY- ST-ZIP					01/30/08-80023-00	e (150,003)
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE				IN!	THIS SPACE	

12. I hereby certify that the information supplied with this filling 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 repeiver or trustee impowered 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 attachighent with an address, with \$\frac{1}{2}\$ other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

EAND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 22

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