

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002387

FILED  
Jul 18, 2007  
Secretary of State

**Entity Name:** FUTURE IMAGES, INCORPORATED

**Current Principal Place of Business:**

226 LANG ROAD  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

226 LANG ROAD  
FORT WALTON BEACH, FL 32547

**New Mailing Address:**

**FEI Number:** 59-3714181      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FARROW, WILLIE A  
226 LANG ROAD  
FORT WALTON BEACH, FL 32547      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PERS      ( ) Delete  
Name: JENNINGS, LEWIS PRESIDE  
Address: 605 MOONEY RD  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TRES      ( ) Delete  
Name: FARROW, JEWELL B  
Address: 113 PORT DRIVE  
City-St-Zip: SHALIMAR, FL 32579

Title: SEC      ( ) Delete  
Name: FARROW, SHAROW D  
Address: 5 SANDLEWOOD DRIVE APT 5B  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: DIR      ( ) Delete  
Name: FARROW, GARRIE A  
Address: 501 BLAIRSTONE ROAD  
City-St-Zip: TALLAHASSE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE A. FARROW

VP

07/18/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date