


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90043 048 \*\*\*\*61.25

<b>DOCUMENT # N04000008381</b> 1. Entity Name <b>HIS IMAGE, INC.</b>					
Principal Place of Business <b>13500 RODGERS AVENUE BOX 802 LARGO FL 33771</b>			Mailing Address <b>13500 RODGERS AVENUE BOX 802 LARGO FL 33771</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <span style="float: right;">Applied For <input checked="" type="checkbox"/> Not Applicable</span>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E037 (10/04)	
6. Name and Address of Current Registered Agent  <b>LARSON, GLORIA 13500 RODGERS AVENUE LARGO FL 33771</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSON, GLORIA		NAME		
STREET ADDRESS	13500 RODGERS AVENUE BOX 802		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33771		CITY-ST-ZIP		
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	JOHN DUPONX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEVENS, FEDERICK C		NAME	1251 SW 59TH AVE	
STREET ADDRESS	13500 RODGERS AVENUE BOX 802		STREET ADDRESS	PLANTATION, FL	
CITY-ST-ZIP	LARGO FL 33771		CITY-ST-ZIP		
TITLE	SEC <input checked="" type="checkbox"/> Delete		TITLE	CELIA PEARCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALLAWAY, EDGAR		NAME	884 DARWIN RD.	
STREET ADDRESS	13500 RODGERS AVENUE BOX 802		STREET ADDRESS	VENICE, FL 34293	
CITY-ST-ZIP	LARGO FL 33771		CITY-ST-ZIP		
TITLE	DIR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSON, RICHARD		NAME		
STREET ADDRESS	13500 RODGERS AVENUE BOX 802		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33771		CITY-ST-ZIP		
TITLE	DIR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, ADA DR.		NAME		
STREET ADDRESS	13500 RODGERS AVENUE BOX 802		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33771		CITY-ST-ZIP		
TITLE	DIR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SINGLETON, CARLTON		NAME		
STREET ADDRESS	13500 RODGERS AVENUE BOX 802		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33771		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 617, 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: <i>Gloria Larson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/3/05 <small>Date</small>		727-524-6202 <small>Daytime Phone #</small>