

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007284

FILED  
Feb 12, 2010  
Secretary of State

Entity Name: IMAGINE PTO INC.

**Current Principal Place of Business:**

17901 HUNTING BOW CIRCLE  
LUTZ, FL 33558

**New Principal Place of Business:**

**Current Mailing Address:**

17901 HUNTING BOW CIRCLE  
LUTZ, FL 33558

**New Mailing Address:**

FEI Number: 26-3118544

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FEARING, TIFFANY G ESQ  
23110 S.R. 54 STE 112  
LUTZ, FL 33549 US

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

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: P  
Name: ENRIQUEZ BROWN, DIANA  
Address: 17901 HUNTING BOW CIRCLE  
City-St-Zip: LUTZ, FL 33558

Title: EVP  
Name: GARCIA, MARIVIE  
Address: 17901 HUNTING BOW CIRCLE  
City-St-Zip: LUTZ, FL 33558

Title: RSEC  
Name: DUFFEN, DIANE  
Address: 17901 HUNTING BOW CIRCLE  
City-St-Zip: LUTZ, FL 33558

Title: TREA  
Name: ROLLINGS, YVETTE  
Address: 17901 HUNTING BOW CIRCLE  
City-St-Zip: LUTZ, FL 33558

Title: CSEC  
Name: FEARING, TIFFANY  
Address: 17901 HUNTING BOW CIRCLE  
City-St-Zip: LUTZ, FL 33558

I hereby 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 all other like empowered.

SIGNATURE: DIANA ENRIQUEZ-BROWN

PRES

02/12/2010

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

\_\_\_\_\_  
Date