

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000043679

1. Entity Name
ETERNAL IMAGERY, INC.



Principal Place of Business

PO BOX 20004
SARASOTA, FL 34276 US

Mailing Address

P O BOX 20004
SARASOTA, FL 34276 US

4148 LIMERICK DR. LAKE WALES FL 33859

07 OCT 11 PM 2:08

TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

09062007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1010813

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SHERRI L
330 S. ORANGE AVENUE
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NADAL, NANCY
PO BOX 20004
SARASOTA, FL 34276

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

200109657862
09/19/07--01044--006 **150.00

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy Nadal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-07

Date

Daytime Phone #