

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90022 050 ***150.00

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1. Entity Name
IMAGING RESOURCE SYSTEMS, INC.



Principal Place of Business
**6981 LAKE DEVONWOOD DRIVE
FORT MYERS, FL 33908**

Mailing Address
**6981 LAKE DEVONWOOD DRIVE
FORT MYERS, FL 33908**



02162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3657409	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KAGAN, ELIZABETH P
6981 LAKE DEVONWOOD DRIVE
FORT MYERS, FL 33908**

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KAGAN, ELIZABETH P
STREET ADDRESS	6981 LAKE DEVONWOOD DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33908

TITLE	VP
NAME	KAGAN, JOHN C
STREET ADDRESS	6981 LAKE DEVONWOOD DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33908

TITLE	ST
NAME	KNOX, CHARLES H
STREET ADDRESS	15810 OLD WEDGEWOOD CT
CITY-ST-ZIP	FORT MYERS, FL 33908

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: *Elizabeth P. Kagan* *Elizabeth P. Kagan* 2/17/04 (239) 464-1141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #