

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90427 008 ***150.00

DOCUMENT # P00000110727 1. Entity Name WILD IMAGINATION, INC.					
Principal Place of Business 7990-2005 BAYMEADOWS RD E. JACKSONVILLE, FL 32256			Mailing Address 7990-2005 BAYMEADOWS RD E. JACKSONVILLE, FL 32256		
2. Principal Place of Business 10901 BURNT MILL ROAD		3. Mailing Address 10901 BURNT MILL ROAD			
Suite, Apt. #, etc. 2308		Suite, Apt. #, etc. 2308			
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL			
Zip 32256		Zip 32256			
Country DUVAL		Country DUVAL		04262005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3683384				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 PANZER, KAREN C 7990-2005 BAYMEADOWS RD. E. JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10901 BURNT MILL RD., #2308 City JACKSONVILLE FL Zip Code 32256		
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 <u><i>Karen C. Panzer</i></u> DATE <u><i>4/29/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PANZER, KENNETH D 7990-2005 BAYMEADOWS RD. E. JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10901 BURNT MILL RD., #2308 JACKSONVILLE, FL 32256		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PANZER, KAREN C 7990-2005 BAYMEADOWS RD. E. JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10901 BURNT MILL RD., #2308 JACKSONVILLE, FL 32256		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LANGDALE, CHRISTOPHER S 7990-2005 BAYMEADOWS RD E JAKCOSNVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10901 BURNT MILL RD., #2308 JACKSONVILLE, FL 32256		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Karen C. Panzer</i></u> DATE <u><i>4/29/05</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					