

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000013538

1. Entity Name
IMAGE MAKERS DESIGN GROUP, INC.



Principal Place of Business
15630 LAUREL DAWN DR
FORT MYERS, FL 33912

Mailing Address
15630 LAUREL DAWN DR
FORT MYERS, FL 33912



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0047088

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PITTMAN, LARRY
6051 ESTERO BOULEVARD
FORT MYERS BEACH, FL 33931

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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
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MASINO, DENISE
STREET ADDRESS	15630 LAUREL DAWN DR
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	DV
NAME	MASINO, ROBERT
STREET ADDRESS	15630 LAUREL DAWN DR
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	DST
NAME	CELESTINO, BARBARA
STREET ADDRESS	380 BAYLAND ROAD
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000232602
02/17/05-80008-021 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/05 (239) 482 6479