

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90005 025 \*\*\*150.00

**DOCUMENT # P01000014932**

1. Entity Name

A NU IMAGE INC.



Principal Place of Business

14108 110TH TERRACE  
LARGO FL 33774

Mailing Address

14108 110TH TERRACE  
LARGO FL 33774

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E034 (11/03)

4. FEI Number  
59-3697627

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYN, VICTORIA  
14108 110TH TERRACE  
LARGO FL 33774

Name VICTORIA S. HANSON  
Street Address (P.O. Box Number is Not Acceptable)  
14110 82ND TERRACE  
City SEMINOLE FL Zip Code 33776

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 Victoria Lyn

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

(NOTE: Registered Agent signature required when reinstating)

DATE 2-6-04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete  
NAME LYN, VICTORIA  
STREET ADDRESS 14108 110TH TERRACE NORTH  
CITY-ST-ZIP LARGO FL 33774

TITLE DVS ☐ Delete  
NAME STEEN, WILLIAM R VP  
STREET ADDRESS 1567 BONAIR ROAD  
CITY-ST-ZIP CLEARWATER FL 33755

TITLE XX ☐ Delete  
NAME XXXXXXXXXXXX, XXXXXXXXXXX X XXXX  
STREET ADDRESS XXXXXXXXXXXXXXXXXXXX  
CITY-ST-ZIP XXXXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

TITLE XXX ☐ Delete  
NAME XXXXXXXXXXXX, XXXXXXXX  
STREET ADDRESS XXXXXXXXXXXXXXXXXXXX  
CITY-ST-ZIP XXXXXX XX XXXXX

TITLE XX ☐ Delete  
NAME XXXXXXXXXXXX, XXXXXXXX X  
STREET ADDRESS XXXXXXXXXXXXXXXXXXXX  
CITY-ST-ZIP XXXXX XX XXXXX

TITLE XXXX ☐ Delete  
NAME XXXXXXXXXXXX, XXXXXXXXXXX X  
STREET ADDRESS XXXXXXXXXXXXXXXXXXXX  
CITY-ST-ZIP XXXXXXXXXXXX XX XXXXX-X

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☒ Addition  
NAME VICTORIA S. HANSON  
STREET ADDRESS 14110 82ND TERRACE  
CITY-ST-ZIP SEMINOLE, FL 33776

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TREASURER ☐ Change ☒ Addition  
NAME GLENN W. HANSON  
STREET ADDRESS 14110 82ND TERRACE  
CITY-ST-ZIP SEMINOLE, FL 33776

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Victoria Lyn / Victoria Lyn 2/6/04 727-595-4427  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #