2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000016371 1. Entity Name IMAGE ONE, INC.							Feb 23, 2004 08:00 AM Secretary of State					
Principal Place of Business Mailing Address								±				
15742 91ST TERR. N. JUPITER FL 33478				15742 91ST TERR. N. JUPITER FL 33478								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc				Suite, Apt. #, etc.			MOORE CR2E034 (11/03)					
City & State				City & State			4. F	65-0787808			pplied For ot Applicable	
Zıp	Country		Zı	Zıp Coul		itry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of	Current Registe	ered Agent			7. P	lame and Address of New Ro	gistered	Agent		
PANTLEY, DAVID 15742 91ST TERR. N. JUPITER FL 33478						Name . Street Address (P.O. Box Number is Not Acceptable)						
			City		····-		FI	Zip Cod	de			
The above named entity submits this statement for the purpose of changing its registerer						ed office or registe	' FL					
the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered eigent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Fiorida Department of State								Election Campaign Fin Trust Fund Contribution		\$5.0 □ Adde	00 May Be d to Fees	
10.	OFFICERS AND DIRECTORS 11						ΑD	DITIONS/CHANGES TO OFFI	CERS AN	D DIRECTOF	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANTLEY 15742 919 JUPITER F	ST TERR. N.		Delete TITLE NAME STREET ADD CITY-ST-ZII		IE EET ADDRESS		U000000 02/23/04-8(525 8 9 0128-0	□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	1	1				☐ Change	Addition	
TITLE NAME STREET ADDRESS GITY-SI-ZIP				☐ Delete		1				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Deiele	City	AE EET ADDRESS (- ST- ZIP				☐ Change	☐ 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: DAVID PANTEY DON RUST Z/14/04 561-262-3588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Z/14/04 561-262-3588

FILED