

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000042220

1. Entity Name
TOTAL IMAGING ROBERTSON, INC.



Principal Place of Business
**737 W BRANDON BLVD
BRANDON, FL 33511**

Mailing Address
**122 LINSLEY AVE
BRANDON, FL 33511**



01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3713290

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WYLIE, II, WARREN
122 LINSLEY AVE, ST. A.
BRANDON, FL 33511**

**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 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	D
NAME	MCTAGGART, JOHN D
STREET ADDRESS	122 LINSLEY AVE STE A
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	D
NAME	NANNI, MARK D
STREET ADDRESS	122 LINSLEY AVE STE A
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	VP
NAME	SILVERSTEIN, JONATHAN
STREET ADDRESS	122 LINSLEY AVE STE A
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	S
NAME	CARROLL, DAVID
STREET ADDRESS	122 LINSLEY AVE STE A
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	T
NAME	BEKHOR, DAVID
STREET ADDRESS	122 LINSLEY AVE STE A
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000241592
02/24/05-80051-012 150.00

**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)(f), 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

Jonathan Silverstein 1/20/05 (813) 657-4914

Date

Daytime Phone #