

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000089298

1. Entity Name
INSTITUTE OF MATURE IMAGINATION, INC.



Principal Place of Business
2539 RIO LISBO CT.
PUNTA GORDA, FL 33950

Mailing Address
2539 RIO LISBO CT.
PUNTA GORDA, FL 33950



04112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1796058

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARPSTER, JOSEPH W
2539 RIO LISBO CT.
PUNTA GORDA, FL 33950

**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 into if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000512955
04/29/06-80113-002 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HARPSTER, JOSEPH W
STREET ADDRESS 2539 RIO LISBO CT.
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE VSTD
NAME HARPSTER, MARILYN Y
STREET ADDRESS 979 W LAKETREE COURT
CITY-ST-ZIP WESTERVILLE, OH 430811930

TITLE D
NAME RIEHM, TRACEY
STREET ADDRESS 983 WENDHAM CT.
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/13/06
Date

941-505-0057
Daytime Phone #