

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000089298

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** INSTITUTE OF MATURE IMAGINATION, INC.

**Current Principal Place of Business:**

2539 RIO LISBO CT.  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

2539 RIO LISBO CT.  
PUNTA GORDA, FL 33950 US

**Current Mailing Address:**

2539 RIO LISBO CT.  
PUNTA GORDA, FL 33950

**New Mailing Address:**

2539 RIO LISBO CT.  
PUNTA GORDA, FL 33950 US

**FEI Number:** 31-1796058

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HARPSTER, JOSEPH W  
Address: 2539 RIO LISBO CT.  
City-St-Zip: PUNTA GORDA, FL 33950

Title: VSTD  
Name: HARPSTER, MARILYN Y  
Address: 979 W LAKETREE COURT  
City-St-Zip: WESTERVILLE, OH 430811930

Title: D  
Name: RIEHM, TRACEY  
Address: 983 WENDHAM COURT  
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARILYN YC HARPSTER

MRS.

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date