

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000113424

FILED
May 04, 2004
Secretary of State

Entity Name: IMAGE SOFT, INC.

Current Principal Place of Business:

134 EAST FORT DADE AVE.
BROOKSVILLE, FL 34601

New Principal Place of Business:

17757 US HWY 19 NORTH
470
CLEARWATER, FL 33764

Current Mailing Address:

134 EAST FORT DADE AVE.
BROOKSVILLE, FL 34601

New Mailing Address:

17757 US HWY 19 NORTH
470
CLEARWATER, FL 33764

FEI Number: 02-0585871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, DEBRA K
134 E FT DADE AVE
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

DAVIS, DEBRA K
17757 US HWY 19 NORTH
470
CLEARWATER, FL 33764 US

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: DEBRA K. DAVIS

05/04/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BARBEE, P M
Address: 21321 AYERS RD
City-St-Zip: BROOKVILLE, FL 34604

Title: P () Delete
Name: PERRY, KIM C
Address: 134 E FT DADE AVE
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: P. M. BARBEE

C

05/04/2004

Electronic Signature of Signing Officer or Director

Date