


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90017 043 \*\*\*150.00

<b>DOCUMENT # P01000122208</b>		
1. Entity Name L'IMAGE INC.		

Principal Place of Business 2860 CITRUS LAKE DRIVE R202 NAPLES FL 34109	Mailing Address 2860 CITRUS LAKE DRIVE R202 NAPLES FL 34109
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34013307



MOORE CR2E034 (11/03)

2. Principal Place of Business 2700 IMMOKALEE RD Suite, Apt. #, etc. Suite 3 City & State NAPLES FL Zip 34110 Country Collier	3. Mailing Address 2700 IMMOKALEE RD Suite, Apt. #, etc. Suite 3 City & State NAPLES FL Zip 34110 Country Collier
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4. FEI Number 30-0016994	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TURNEY, RICHARD 2860 CITRUS LAKE DRIVE R202 NAPLES FL 34109
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7. Name and Address of New Registered Agent Name SANDRA DARLING Street Address (P.O. Box Number is Not Acceptable) 2860 CITRUS LAKE DR R202 City NAPLES FL Zip Code 34109
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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 Sandra Darling SANDRA DARLING PRESIDENT 2/17/2004  
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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNEY, RICHARD 2860 CITRUS LAKE DRIVE NAPLES FL 34109 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARLING, SANDRA 2860 CITRUS LAKE DRIVE NAPLES FL 34109 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Richard Turney RICHARD TURNEY 2/17/04 239 592 9651  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #