


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P02000024655</b> 1. Entity Name <b>IMAGINATION DAY SCHOOL, INC.</b>					
Principal Place of Business <b>3472 N. MONROE ST. TALLAHASSEE, FL 32303</b>			Mailing Address <b>3472 N. MONROE ST. TALLAHASSEE, FL 32303</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>03242004</b> Chg-P      CR2E034 (10/03) <b>02-0564103</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>PETTIS, DAVIDA L 5568 LILY POND CT TALLAHASSEE, FL 32303</b>			7. Name and Address of New Registered Agent Name <b>Carol L. Jones</b> Street Address (P.O. Box Number is Not Acceptable) <b>4139 Roweling Oaks Ct</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32303</b>		
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 <b>Carol L. Jones - President</b> <small>Signature typed or printed name of registered agent and title if applicable.</small>			DATE <b>3/23/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>JONES, CAROL L 4139 ROWELING OAKS CT. TALLAHASSEE, FL 32303</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>200031765732</b> <b>04/05/04--01010--003 **150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>PETTIS, DAVIDA L 5568 LILY POND CT TALLAHASSEE, FL 32303</b>	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <b>Carol L. Jones</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>3/23/04</b> <small>Date</small>		DAYTIME PHONE # <b>850-562-8687</b> <small>Daytime Phone #</small>

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATION  
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