## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Registered Agent

## DOCUMENT# P02000024655

Entity Name: IMAGINATION DAY SCHOOL, INC.

FILED Feb 15, 2011 Secretary of State

Date

New Principal Place of Business:
New Mailing Address:
umber Not Applicable ( ) Certificate of Status Desired ( )
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,

## **OFFICERS AND DIRECTORS:**

Title: PD

SIGNATURE:

Name: JONES, CAROL L

in the State of Florida.

Address: 4139 ROWELING OAKS CT. City-St-Zip: TALLAHASSEE, FL 32303

Title: VD

 Name:
 HALL, DAVIDA L

 Address:
 5568 LILY POND CT

 City-St-Zip:
 TALLAHASSEE, FL 32303

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: CAROL L. JONES PD 02/15/2011