

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90141 042 ***150.00

DOCUMENT # P02000047924

1. Entity Name

JUST IMAGINE SCREEN PRINTING & SIGNS, INC.



Principal Place of Business

**2555 WILLOW CREEK DR
ORANGE PARK FL 32003-8378**

Mailing Address

**2555 WILLOW CREEK DR
ORANGE PARK FL 32003-8378**

2. Principal Place of Business

7123 AUGUSTA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

7123 AUGUSTA DRIVE

Suite, Apt. #, etc.

City & State

GREEN COVE SPRINGS, FL

City & State

GREEN COVE SPRINGS, FL

Zip

32043

Country

USA

Zip

32043

Country

USA

4. FEI Number

01-0672555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITESIDE, MARTIN J
2555 WILLOW CREEK DR
ORANGE PARK FL 32003-8378**

Name

Street Address (P.O. Box Number is Not Acceptable)

7123 AUGUSTA DRIVE

City

GREEN COVE SPRINGS

FL

Zip Code

32043

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/7/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
WHITESIDE, MARTIN J
2555 WILLOW CREEK DR
ORANGE PARK FL 32003-8378** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**7123 AUGUSTA DRIVE
GREEN COVE SPRINGS, FL 32043** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05

DATE

904-859-6260

Daytime Phone #