

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90179 012 ***150.00

DOCUMENT # P02000085665

1. Entity Name
UNLIMITED IMAGES OF PASCO COUNTY, INC.



Principal Place of Business
**9631 DENTON AVE UNIT 13
HUDSON, FL 34667**

Mailing Address
**9631 DENTON AVE UNIT 13
HUDSON, FL 34667**

2. Principal Place of Business
16834 BACHMANN AVENUE

3. Mailing Address
16834 BACHMANN AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HUDSON, FL

City & State
HUDSON, FL

Zip
34667

Country

Zip
34667

Country

04272006

Chg-P

CR2E034 (11/05)

4. FEI Number
06-1642415

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PINGEL, JEFFREY S
9631 DENTON AVE UNIT 13
HUDSON, FL 34667**

Name
PINGEL, JEFFREY S.

Street Address (B.O. Box Number is Not Acceptable)
16834 BACHMANN AVENUE

City
HUDSON

FL

Zip Code
34667

7. Name and Address of New Registered Agent

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

Jeffrey S. Pingel

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

(NOTE: Registered Agent signature required when reinstating)

4-28-06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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
**DPS
PINGEL, JEFFREY S
9631 DENTON AVE UNIT 13
HUDSON, FL 34667**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/P/S/T
PINGEL, JEFFREY S.
16834 BACHMANN AVENUE
HUDSON, FL 34667**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Jeffrey S. Pingel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY S. PINGEL

4-28-06

Date

Daytime Phone #