

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90313 039 ***150.00

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1. Entity Name

JUST IMAGINE RECORDS, INC.

Principal Place of Business

124 US HWY 1
N PALM BEACH FL 33408

Mailing Address

124 US HWY 1
N PALM BEACH FL 33408



2. Principal Place of Business

900 US HWY 1
Suite 102

3. Mailing Address

900 US HWY 1
Suite 102

1st MOORE

CR2E034 (10/05)

City & State

Lake Park, FL

City & State

Lake Park, FL

4. FEI Number

56-2369626

Applied For

Not Applicable

Zip

33403

Country

United States

Zip

33403

Country

United States

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JAMES, CHRISTOPHER R
124 US HWY 1
N PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

James, Christopher R

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

900 US HWY 1

Suite 102

City

Lake Park

FL

Zip Code

33403

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 D ☐ Delete
NAME JAMES, CHRISTOPHER R
STREET ADDRESS 124 US HWY 1
CITY-ST-ZIP N PALM BEACH FL 33408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME James, Christopher R
STREET ADDRESS 900 US HWY 1, Suite 102
CITY-ST-ZIP Lake Park, FL 33403

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

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

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CITY-ST-ZIP

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

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

Christopher James Christopher James 4-19-06 561-848-4520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #