

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000086766

1. Entity Name
IMAGE FLOOR MAINTANCE SERVICE INC



FILED

04 APR -7 PM 2: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1599 MISTY GARDEN WAY
TALLAHASSEE, FL 32303

Mailing Address

1599 MISTY GARDEN WAY
TALLAHASSEE, FL 32303

2. Principal Place of Business

2844 D Harrison Ave
Suite, Apt. #, etc.

3. Mailing Address

2844 D Harrison Ave.
Suite, Apt. #, etc.



04072004 Chg-P

CR2E034 (10/03)

MRI

City & State

Paromacity
32405

City & State

FL

4. FEI Number

571181032

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CETIN, BULENT
1599 MISTY GARDEN WAY
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE M
NAME CETIN, BULENT
STREET ADDRESS 1599 MISTY GARDEN WAY
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 2844 D
NAME Harrison Ave.
STREET ADDRESS Paromacity, FL
CITY-ST-ZIP 32405

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/4/06

Date

Daytime Phone #