

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

APPROVED  
A107-17-2006 90138 040 \*\*\*150.00  
FILED P04000074878

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P04000074878**

1. Entity Name  
**IMAGINE DESIGN, INC.**



Principal Place of Business

**3801 BEE RIDGE ROAD  
SUITE 8  
SARASOTA, FL 34233**

Mailing Address

**3801 BEE RIDGE ROAD  
SUITE 8  
SARASOTA, FL 34233**

**DO NOT WRITE IN THIS SPACE**



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**54-2153968**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

8. Name and Address of Current Registered Agent

**PRUETT, BRIAN J PRES.  
3801 BEE RIDGE ROAD  
SUITE 8  
SARASOTA, FL 34233**

**DO NOT WRITE  
IN THIS SPACE**

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**

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  
**COB  
PRUETT, BRIAN J  
3801 BEE RIDGE ROAD SUITE 8  
SARASOTA, FL 34233**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
REDDING, KEITH  
3801 BEE RIDGE ROAD SUITE 8  
SARASOTA, FL 34233**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-18-06**

Document corrected per Heidi Peachey, staff acct. psc



ATTACHMENT

292

40099213  
# 483011

July 13, 2006

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

To Whom It May Concern:

Enclosed please find copies of the corporation papers and the appropriate checks filed on behalf of Pruett Builders, Nehushtan Associates, LTD, Imagine Design, Inc., and Artistic Cabinet Gallery. In the mail I received notices of intent to dissolve. I mailed the papers and the checks before May 1, 2006 and I can only assume you never received them. I have voided the checks and reissued them so they can be filed.

If you have any questions please call me at 941-684-5212.

Sincerely,

Heidi Peachey