

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90044 049 ***150.00

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1. Entity Name

IMAGE ENTERPRISES OF BREVARD, INC.



Principal Place of Business

1322 CORAL REEF AVENUE, NW
PALM BAY FL 32907

Mailing Address

1322 CORAL REEF AVENUE, NW
PALM BAY FL 32907

2. Principal Place of Business

1292 Helliwell St. NW
Suite, Apt. #, etc.

3. Mailing Address

1270 Wickham Rd
Suite, Apt. #, etc.
16-301 suite

1st MOORE

CR2E034 (10/05)

City & State

Palm Bay FL

City & State

Melbourne FL

4. FEI Number

20-1618072

Applied For

Not Applicable

Zip

32907

Country

Brevard

Zip

32935

Country

Brevard

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSS, KENNETH
1322 CORAL REEF AVENUE, NW
PALM BAY FL 32907

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

Kenneth Moss

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/06

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 PD ☐ Delete
NAME MOSS, KENNETH
STREET ADDRESS 1322 CORAL REEF AVENUE, NW
CITY-ST-ZIP PALM BAY FL 32907

TITLE VD ☐ Delete
NAME O'BRIEN, MATTHEW
STREET ADDRESS 1272 HELLIWELL STREET, NW
CITY-ST-ZIP PALM BAY FL 32907

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Matthew O'Brien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/06

Date: Daytime Phone #