2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# P04000155401

Entity Name: IMAGE CONTRACTING SERVICES, INC

Current Principal Place of Business:

9 MISSISSIPPI CIRCLE
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

9 MISSISSIPPI CIRCLE
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 20-1891505 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRISON, JAMES C
3895 WINONA DR
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JONES, INENA J
Address: 9 MISSISSIPPI CIRCLE
City-St-Zip: PENSACOLA, FL 32505

Title: S ( ) Delete
Name: REESE, NORMA J
Address: 740 W FAIRFIELD DR
City-St-Zip: PENSACOLA, FL 32506

Title: T ( ) Delete
Name: SALTER, TIMOTHY
Address: 9 MISSISSIPPI CIRCLE
City-St-Zip: PENSACOLA, FL 32505

Title: VP ( ) Delete
Name: REESE, DAVID M
Address: 740 W FAIRFIELD DR
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JONES, ININA J
Address: 740 W FAIRFIELD DR
City-St-Zip: PENSACOLA, FL 32506

Title: S (X) Change ( ) Addition
Name: REESE, NORMA J
Address: 211 BROUSSARD ST
City-St-Zip: PENSACOLA, FL 32505

Title: T (X) Change ( ) Addition
Name: SALTER, TIMOTHY
Address: 740 W FAIRFIELD DR
City-St-Zip: PENSACOLA, FL 32506

Title: VP (X) Change ( ) Addition
Name: REESE, DAVID M
Address: 211 BROUSSARD ST
City-St-Zip: PENSACOLA, FL 32505

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMA J REESE S 05/01/2005

Electronic Signature of Signing Officer or Director Date