

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90057 019 ***150.00

DOCUMENT # P05000066699

1. Entity Name
IMAGE STRATEGIES, INC.



Principal Place of Business
**108 OLEANDER DR UNIT C
PANAMA CITY BEACH, FL 32413**

Mailing Address
**108 OLEANDER DR UNIT C
PANAMA CITY BEACH, FL 32413**

40053208



2. Principal Place of Business - No P.O. Box #

2150 MASSACHUSETTS AVE

Suite, Apt. #, etc.

3. Mailing Address

2150 MASSACHUSETTS AVE

Suite, Apt. #, etc.

02212007

Chg-P

CR2E034 (12/06)

City & State

CARRABELLE, FL

City & State

CARRABELLE, FL

4. FEI Number

20-2827519

Applied For

Not Applicable

Zip

32322

Country

U.S.A.

Zip

32322

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NEGLEY, REBEL
108 OLEANDER DR UNIT C
PANAMA CITY BEACH, FL 32413**

7. Name and Address of New Registered Agent

Name

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

2150 MASSACHUSETTS AVE.

City

CARRABELLE

FL

Zip Code

32322

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

4/2/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **NEGLEY, REBEL**
STREET ADDRESS **108 OLEANDER DR UNIT C**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 **2150 MASSACHUSETTS AVE.**
CITY-ST-ZIP **CARRABELLE, FL 32322**

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 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

4/2/07

Daytime Phone #