

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90168 020 \*\*\*150.00

DOCUMENT # P06000132423

1. Entity Name  
YOUR IMAGE MARKETING, INC.



Principal Place of Business  
2773 THORNBERRY CT.  
DELTONA, FL 32738 US

Mailing Address  
2773 THORNBERRY CT.  
DELTONA, FL 32738 US



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

3. Mailing Address

03092007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-5745979**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WACKER, CARL  
2773 THORNBERRY CT.  
DELTONA, FL 32738

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 \_\_\_\_\_ DATE \_\_\_\_\_

**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	P,T	<input type="checkbox"/> Delete
NAME	WACKER, CARL	
STREET ADDRESS	2773 THORNBERRY CT.	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	VP,S	<input type="checkbox"/> Delete
NAME	WACKER, PENNY	
STREET ADDRESS	2773 THORNBERRY CT.	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	D	<input type="checkbox"/> Delete
NAME	KILLORAN, SEAN	
STREET ADDRESS	7067 CITRUS POINT CT	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	WACKER, ERIC	
STREET ADDRESS	1235 GUINIVERE LN	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Carl Wacker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07 321-231-0534  
Date Daytime Phone #