

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 28, 2008 08:00 AM
Secretary of State

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



02232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3745979

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WACKER, CARL
2773 THORNBERRY CT.
DELTONA, FL 32738

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000843109
03/11/08-80058-001 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P,T
WACKER, CARL
2773 THORNBERRY CT.
DELTONA, FL 32738

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP,S
WACKER, PENNY
2773 THORNBERRY CT.
DELTONA, FL 32738

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KILLORAN, SEAN
7067 CITRUS POINT CT
WINTER PARK, FL 32792

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WACKER, ERIC
1235 GUINIVERE LN
CASSELBERRY, FL 32707

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:

Penny Wacker - Penny Wacker

2/26/08 386-837-4115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #