

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # P93000022052

1. Entity Name
THE OFFICE IMAGE, INC.



Principal Place of Business
**28190 OLD 41 ROAD
SUITE 101
BONITA SPRINGS, FL 34135 US**

Mailing Address
**28190 OLD 41 ROAD
SUITE 101
BONITA SPRINGS, FL 34135 US**



03262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0377788

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EMENS, KAREN
28190 OLD 41 ROAD
SUITE 101
BONITA SPRINGS, FL 34135**

**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

**000000873066
04/10/08-80061-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEPHEN L. EMENS
STREET ADDRESS	28190 OLD 41 RD., SUITE 101
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	S/T
NAME	KAREN EMENS
STREET ADDRESS	28190 OLD 41 RD., SUITE 101
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	VP
NAME	BRIECHLE, NANCY
STREET ADDRESS	28190 OLD 41 RD., SUITE 101
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
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: *Karen Emens* **SECRETARY KAREN EMENS 3-26-08** 239-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 949-7170
Date Daytime Phone # X207