

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90370 035 ***150.00

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1. Entity Name

IMAGES BUSINESS FORMS & COMPUTER SUPPLIES, INC.



Principal Place of Business

**889 SUNSET DRIVE
MELBOURNE FL 32935-5843
US**

Mailing Address

**PO BOX 426
MELBOURNE FL 32902
US**

2. Principal Place of Business

615 GARDENIA DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE, FL.

City & State

4. FEI Number

59-3176405

Applied For

Not Applicable

Zip

32902

Country

US

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRANCO, WILLIAM J
1127 S. PATRICK DRIVE
STE. 3
SATELLITE BEACH FL 32937**

7. Name and Address of New Registered Agent

Name

FRANCO, WILLIAM J.

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

476 HWY. A1A

SUITE 3B

City

SATELLITE BEACH,

FL

Zip Code
32937

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 resigning)

DATE

WILLIAM J. FRANCO

3/31/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TESSIER, BONNIE L**
CITY-ST-ZIP **889 SUNSET DRIVE
MELBOURNE FL**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TESSIER, FRANK R**
CITY-ST-ZIP **889 SUNSET DRIVE
MELBOURNE FL**

TITLE ☐ Delete
NAME
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 **615 GARDENIA DRIVE**
CITY-ST-ZIP **MELBOURNE, FL. 32902**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **615 GARDENIA DRIVE**
CITY-ST-ZIP **MELBOURNE, FL. 32902**

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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 Section 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: Bonnie L. Tessier **BONNIE L. TESSIER** **MARCH 31, 2006** **(321)-984-3607**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #