


FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90044 034 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

50004467

DOCUMENT # P93000054219			
1. Entity Name IMAGE TODAY ADVERTISING, INC.			
Principal Place of Business 165 SPRING LAKE HILLS DRIVE ALTAMONTE SPRINGS, FL 32714 US		Mailing Address P.O. BOX 162341 ALTAMONTE SPRINGS, FL 32716-2341 US	
2. Principal Place of Business 313 Julia Street Suite, Apt. #, etc.		3. Mailing Address 313 Julia Street Suite, Apt. #, etc.	
City & State New Smyrna Beach, FL		City & State New Smyrna Beach, FL	
Zip 32168	Country USA	Zip 32168	Country USA
4. FEI Number 59-3200021		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RITTGER, HERBERT 165 SPRING LAKE HILLS DR ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name: Herbert Rittger Street Address: 508 Riverside Drive City: New Smyrna Beach, FL Zip Code: 32168	
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: <u>Herbert Rittger</u> DATE: <u>1/13/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITTGER, HERBERT 165 SPRING LAKE HILLS DR ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rittger, Herbert 508 Riverside Dr. New Smyrna Beach, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Herbert Rittger</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1/13/05</u> Daytime Phone #	