

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000077490

Entity Name: IMAGE API, INC.

FILED
Feb 03, 2009
Secretary of State

Current Principal Place of Business:

2670 EXECUTIVE CENTER CIRCLE W
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

2670 EXECUTIVE CENTER CIRCLE W
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 23-2753915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRIFFITH, RICHARD S JR
2670 EXECUTIVE CENTER CIRCLE W
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: GRIFFITH, RICHARD S JR.
Address: 2670 EXECUTIVE CENTER CIRCLE W
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: DS () Delete
Name: EVANS, LOREE E
Address: 2670 EXECUTIVE CENTER CIRCLE W
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D () Delete
Name: MENJOR, PATRICK J
Address: 2670 EXECUTIVE CENTER CIRCLE W
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D () Delete
Name: GRIFFITH, CARRIE L
Address: 2670 EXECUTIVE CENTER CIRCLE W, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: TD () Delete
Name: DAVIS, KRISTINE A
Address: 2670 EXECUTIVE CENTER CIRCLE W, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTY DAVIS

CFO

02/03/2009

Electronic Signature of Signing Officer or Director

Date