

**2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Dec 16, 2004  
Secretary of State**

DOCUMENT# P94000013082

Entity Name: IMAGE MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

4608 GRADY AVENUE NORTH  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

15012 MAURINE COVE LANE  
ODESSA, FL 33556

**New Mailing Address:**

FEI Number: 59-3231559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOWLER, JOHN S  
15012 MAURINE COVE LANE  
ODESSA, FL 33556 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FOWLER, JOHN S  
Address: 15012 MAURINE COVE LN  
City-St-Zip: ODESSA, FL 33556

Title: D (X) Delete  
Name: FOWLER, NANCY B  
Address: 15012 MAURINE COVE LANE  
City-St-Zip: ODESSA, FL 33629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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 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: JOHN S. FOWLER

D

12/16/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date