


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000043882 1. Entity Name JUST IMAGINE, INC.	
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Principal Place of Business 2813 CASON CT SEFFNER, FL 33584	Mailing Address 2813 CASON CT SEFFNER, FL 33584
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DO NOT WRITE IN THIS SPACE



01252004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3331893	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, DIANE M 2813 CASON CT SEFFNER, FL 33584	DO NOT WRITE IN THIS SPACE
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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000046179 02/11/04-80092-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, DIANE M 2813 CASON CT SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SMITH, PAUL J 2813 CASON CT SEFFNER, FL 33584
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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 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: Diane M. Smith Diane M. Smith, president 2/804 813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #