

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P95000091395

**Entity Name:** IMAGINE SERVICE GROUP, INC.

**FILED**  
**Aug 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1211 12TH STREET  
ST CLOUD, FL 34769 US

**New Principal Place of Business:**

**Current Mailing Address:**

13316 S RAGSDALE ROAD  
LONE JACK, MO 64070 US

**New Mailing Address:**

1211 12TH STREET  
ST CLOUD, FL 34769 US

**FEI Number:** 59-3344789

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEFLER, STEVEN L.  
1211 12TH STREET  
ST CLOUD, FL 34769 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: PSTD  
Name: LEFLER, STEVEN L  
Address: 1211 12TH STREET  
City-St-Zip: ST CLOUD, FL 34769

Title: V  
Name: BOWLEN, MICHAEL W II  
Address: 1211 12TH STREET  
City-St-Zip: ST CLOUD, FL 34769

I hereby 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 all other like empowered.

SIGNATURE: STEVEN L. LEFLER

PRES

08/23/2011

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

\_\_\_\_\_  
Date